



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 MAR -1 PM 1:23

1. Entity ID Number <b>13869</b>		2. Exact name of the Corporation <b>H &amp; W Associates, Inc.</b>	
3. Principal Office Address <b>228 Belvedere Drive</b>		City <b>Cranston</b>	State <b>R.I.</b>
		Zip <b>02920</b>	
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Harvey Michaels</b>		Vice-President Name <b>Nancy Michaels</b>	
Street Address <b>228 Belvedere Drive</b>		Street Address <b>228 Belvedere Drive</b>	
City <b>Cranston</b>	State <b>R.I.</b>	City <b>Cranston</b>	State <b>R.I.</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name <b>Nancy Michaels</b>		Treasurer Name <b>Harvey Michaels</b>	
Street Address <b>228 Belvedere Drive</b>		Street Address <b>228 Belvedere Drive</b>	
City <b>Cranston</b>	State <b>R.I.</b>	City <b>Cranston</b>	State <b>R.I.</b>
Zip <b>02920</b>		Zip <b>02920</b>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Harvey Michaels</b>		Director Name <b>Mrs. William Michaels</b>	
Street Address <b>228 Belvedere Drive</b>		Street Address <b>228 Belvedere Drive</b>	
City <b>Cranston</b>	State <b>R.I.</b>	City <b>Cranston</b>	State <b>R.I.</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>300</b>	<b>Common</b>
			<b>None</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>			
Name of Authorized Representative <b>Harvey Michaels</b>			Date <b>03-01-18</b>
Signature of Authorized Representative <i>Harvey Michaels</i> <b>SIGN DOCUMENT HERE</b>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

MAR 01 2018

BY 6558

FORM 630 - Revised: 10/2016