RI SOS Filing Number: 201859611070 Date: 3/1/2018 4:00:00 PM



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

2018 MAR - 1 PH 1: 33

1. Entity ID Number	2 Exact nam	2. Exact name of the Corporation					
001665066		WHIM VENTURES, INC.					
Principal Office Address	Principal Office Address				State	Zip	
59 Rollingwood Drive			Johnston		RI	02919	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
339999	Manufactu	Manufacture and sale of holding devices					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and	d addresses)				k the box to i	ndicate an attachment 🔲	
President Name Richard E. Fis	Vice-President Name Robert A. Garde, Jr.						
Street Address 59 Rollingwood	Street Address 64 Rollingwood Drive						
City Johnston	State RI	<sup>Zip</sup> 02919	City Johnston		State RI Zip 02919		
Secretary Name Richard E. Fishpaw			Treasurer Name Robert A. Garde, Jr.				
Street Address 59 Rollingwood Drive			Street Address 64 Rollingwood Drive				
City Johnston	State RI	<sup>Zip</sup> 02919	City Johnston		State RI	State RI Zip 02919	
8. List ALL directors (names ar	nd addresses)			Chec	k the box to i	ndicate an attachment 🔲	
Director Name			Director Nam	e			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Iss		ued Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
		1000		Common		No Par	
Changes require an additional fi	iling.			1			
11. This report must be execut trustee, this report must be exe					poration is in	I the hands of a receiver or	
Under penalty of perjury, I de					ompanying s	chedules and	
statements, and that all state		herein are true ar	d correct.		16		
Name of Authorized Represen	tative				Date	.),,	
Richard E. Fishpaw					$-1 \otimes I_{i}$	14//8	
Signature of Authorized Repre	seritative 1	havion Do	COMENT HE	ILED	<i>į</i> .	'/	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 1 2018

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