



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.

1. Entity ID Number <b>71637</b>		2. Exact name of the Corporation <b>MIDWAL CORP</b>	
3. Principal Office Address <b>61 Ledge Road Suite G</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Investment + Management</b>		
5. State of Incorporation <b>RI</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>Stephen R Lewinstein</b>		Vice-President Name	
Street Address <b>61 Ledge Road</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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>Stephen R Lewinstein</b>		Director Name	
Street Address <b>61 Ledge Road</b>		Street Address	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1000 Common</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>NO PAR VALUE</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>Stephen Lewinstein</b>		Date <b>3-27-18</b>	
Signature of Authorized Representative			

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

FORM 630 - Revised: 10/2017

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