



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

**Annual Report for the year:** 2019  
**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>35158</b>		2. Exact name of the Corporation <b>WESTERN INDUSTRIAL COMPLEX, INC.</b>			
3. Principal Office Address <b>ONE STAMP PLACE</b>			City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>
4. NAICS Code <b>53110</b>		6. Brief description of the character of business conducted in Rhode Island <b>LAND SALE AND DEVELOPMENT</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>WILLIAM M. STAMP, JR.</b>			Vice-President Name <b>WILLIAM M. STAMP, JR.</b>		
Street Address <b>ONE STAMP PLACE</b>			Street Address <b>ONE STAMP PLACE</b>		
City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>
Secretary Name <b>CAROL J. STAMP</b>			Treasurer Name <b>CAROL J. STAMP</b>		
Street Address <b>ONE STAMP PLACE</b>			Street Address <b>ONE STAMP PLACE</b>		
City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</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>WILLIAM M. STAMP, JR.</b>			Director Name <b>CAROL J. STAMP</b>		
Street Address <b>ONE STAMP PLACE</b>			Street Address <b>ONE STAMP PLACE</b>		
City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>R.I.</b>	Zip <b>02822</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. <b>800 COMMON NO PAR VALUE</b> Changes require an additional filing.			NUMBER OF SHARES <b>810 SHARES</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</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>CAROL J. STAMP</b>				Date <b>1-02-19</b>	
Signature of Authorized Representative <i>Carol J. Stamp</i>				<b>FILED</b> JAN 04 2019 1054	