



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 62741		2. Exact name of the Corporation WAND M ASSOCIATES, INCORPORATED			
3. Principal Office Address 27 FRANCIS AVENUE		City NARRAGANSETT		State R.I.	Zip 02882
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WARREN H. RICHARDSON			Vice-President Name MARJORIE ANN RICHARDSON		
Street Address 27 FRANCES AVENUE			Street Address 27 FRANCES AVENUE		
City NARRAGANSETT	State R.I.	Zip 02882	City NARRAGANSETT	State R.I.	Zip 02882
Secretary Name MARJORIE ANN RICHARDSON			Treasurer Name WARREN H. RICHARDSON		
Street Address 27 FRANCES AVENUE			Street Address 27 FRANCES AVENUE		
City NARRAGANSETT	State R.I.	Zip 02882	City NARRAGANSETT	State R.I.	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WARREN H. RICHARDSON			Director Name MARJORIE ANN RICHARDSON		
Street Address 27 FRANCES AVENUE			Street Address 27 FRANCES AVENUE		
City NARRAGANSETT	State R.I.	Zip 02882	City NARRAGANSETT	State R.I.	Zip 02882
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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			3000 No Par Value		
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.					
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.					
Name of Authorized Representative MARJORIE ANN RICHARDSON					Date January 24, 2019
Signature of Authorized Representative <i>Marjorie Ann Richardson</i>					

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

FILED

JAN 28 2019

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