



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

S.A. 1

- 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 000018443		2. Exact name of the Corporation WINSTON MANAGEMENT SERVICES CORPORATOIN			
3. Principal Office Address 70 Jefferson Blvd.		City Warwick		State RI	Zip 02886
4. NAICS Code 541611	6. Brief description of the character of business conducted in Rhode Island General venture management.				
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 Harry Harootunian		Vice-President Name Harry Harootunian			
Street Address 70 Jefferson Blvd.		Street Address 70 Jefferson Blvd.			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Harry Harootunian (Asst. Sec. Carol M.C. Duclos)		Treasurer Name Harry Harootunian			
Street Address 70 Jefferson Blvd.		Street Address 70 Jefferson Blvd.			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE 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 Harry Harootunian, President				Date 2/7/19	
Signature of Authorized Representative 		SIGN DOCUMENT HERE			

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**FEB 11 2019**BY 1007

FORM 630 - Revised: 10/2017