



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

ST FILED

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 11 2019

BY

3969

1. Entity ID Number 000040371		2. Exact name of the Corporation Worldwide H.T.C. Associates, Inc.	
3. Principal Office Address 171 Beacon Avenue		City Jamestown	State RI
		Zip 02835	
4. NAICS Code 541611	6. Brief description of the character of business conducted in Rhode Island computer, business + management consulting		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James R. Bennett		Vice-President Name Harrison R. Scott - Bennett	
Street Address 171 Beacon Ave		Street Address 171 Beacon Ave	
City Jamestown	State RI	Zip 02835	City Jamestown
			State RI
			Zip 02835
Secretary Name Linda A. Scott		Treasurer Name Linda A. Scott	
Street Address 171 Beacon Ave		Street Address 171 Beacon Ave	
City Jamestown	State RI	Zip 02835	City Jamestown
			State RI
			Zip 02835
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 2000	CLASS/SERIES CNP
			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 Linda A. Scott		Date 2/8/2019	
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

FORM 630 - Revised: 10/2017