



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 67450		2. Exact name of the Corporation WVCH, Inc.			
3. Principal Office Address 60 Ocean State Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island Make, buy and sell syrup and related products.			
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 Robert B. Howes			Vice-President Name Robert B. Howes		
Street Address 60 Ocean State Drive			Street Address 60 Ocean State Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robert B. Howes			Treasurer Name Robert B. Howes		
Street Address 60 Ocean State Drive			Street Address 60 Ocean State Drive		
City North Kingstown	State RI	Zip 02852	City North Kingtown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert B. Howes			Director Name		
Street Address 60 Ocean State Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
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/SES	PAR VALUE
			100	common	none
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 Robert B. Howes, President					Date 1/29/19
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

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