

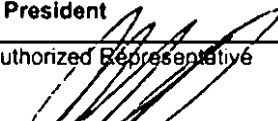


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB 14 AM 9:53

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 000087911		2. Exact name of the Corporation M.H.W., Inc.	
3. Principal Office Address 200 Union Avenue		City Providence	State RI
		Zip 02909	
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island Automotive Services		
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 Mike Wakim		Vice-President Name Matthew Wakim	
Street Address 11 Longmeadow Road		Street Address 11 Longmeadow Road	
City Lincoln	State RI	Zip 02865	City Lincoln
			State RI
			Zip 02865
Secretary Name Mike Wakim		Treasurer Name Mike Wakim	
Street Address 11 Longmeadow Road		Street Address 11 Longmeadow Road	
City Lincoln	State RI	Zip 02865	City Lincoln
			State RI
			Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Mike Wakim		Director Name	
Street Address 11 Longmeadow Road		Street Address	
City Lincoln	State RI	Zip 02865	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/SERIES
		200	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 Mike Wakim, President		Date 2-7-19	
Signature of Authorized Representative 			
SIGN DOCUMENT HERE FILED FEB 14 2019 9:53 BY <u>CK</u> 1490			

MAIL TO:
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