



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 92647		2. Exact name of the Corporation Winsor Farm Sales, Incorporated			
3. Principal Office Address 91 Moswaniscut Drive		City Scituate		State RI	Zip 02857
4. NAICS Code 115210		6. Brief description of the character of business conducted in Rhode Island Purchase, sale, breeding, boarding and showing of horses			
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 William R. Lowry			Vice-President Name William R. Lowry		
Street Address 91 Moswaniscut Drive			Street Address 91 Moswaniscut Drive		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Beth A. Nunes			Treasurer Name William R. Lowry		
Street Address 91 Moswaniscut Drive			Street Address 91 Moswaniscut Drive		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William R. Lowry			Director Name		
Street Address 91 Moswaniscut Drive			Street Address		
City Scituate	State RI	Zip 02857	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		
			PAR VALUE		
			100	Common	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 William R. Lowry					Date 2/15/19
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

FILED

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FORM 630 - Revised: 02/2017