



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 6857		2. Exact name of the Corporation R. W. Waseq. & Sons, Inc.	
3. Principal Office Address 138 Oak Park Drive		City No. Providence	State R.I.
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island 19 boy + 20 Red + 20 as things. There to.	
5. State of Incorporation R.I.		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Leonard A. Waseq. II		Vice-President Name Same as President	
Street Address 138 Oak Park Drive		Street Address	
City No. Providence	State R.I.	City	State
Zip 02904		Zip	
Secretary Name Same as President		Treasurer Name Same as President	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		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 600	CLASS OF SHARES 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 Leonard A. Waseq. II		Date 2/16/19	
Signature of Authorized Representative [Signature]			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 21 2019

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FORM 630 - Revised: 10/2017