



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

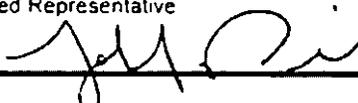
FILED

MAR 14 2019 *Q*

BY 2197

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 000255422		2. Exact name of the Corporation WESTPRO COMMUNICATIONS, INC.			
3. Principal Office Address 116 High Street		City Westerly		State RI	Zip 02891
4 NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island Generally engage in compliance, inspection and review of cellular communications and towers in the USA.				
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 John Proia		Vice-President Name Paul Proia			
Street Address 9710 Nelson Road		Street Address 9710 Nelson Road			
City Dade City	State FL	Zip 33525	City Dade City	State FL	Zip 33525
Secretary Name John Proia		Treasurer Name Paul Proia			
Street Address 9710 Nelson Road		Street Address 9710 Nelson Road			
City Dade City	State FL	Zip 33525	City Dade City	State FL	Zip 33525
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Proia		Director Name Paul Proia			
Street Address 9710 Nelson Road		Street Address 9710 Nelson Road			
City Dade City	State FL	Zip 33525	City Dade City	State FL	Zip 33525
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	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 John Proia, President				Date 3/12/19	
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