



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

FILED

MAR 14 2019 *Q*

Annual Report for the year: **2019**
 Corporation

BY 2197

- 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:
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