




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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 20 PM 1:09

1. Entity ID Number 101273		2. Exact name of the Corporation Watch Hill Harbour House Apartments, Inc.												
3. Principal Office Address 101 Plain Street, Suite 100			City Providence	State Rhode Island	Zip 02903									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To operate apartments and related facilities												
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 Carl A. Sisto			Vice-President Name											
Street Address 101 Plain Street, Suite 100			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Carl A. Sisto			Treasurer Name Carl A. Sisto											
Street Address 101 Plain Street, Suite 100			Street Address 101 Plain Street, Suite 100											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SES	PAR VALUE	100	CNP	\$0.00			
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100	CNP	\$0.00												
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 Carl A. Sisto				Date 3/20/19										
Signature of Authorized Representative 														

SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017

BY CA CA # 3357