



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

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SECRETARY OF STATE
CORPORATIONS DIV

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.

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.			NUMBER OF SHARES CLASS/SES PAR VALUE		
			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 CL CL # 3357