



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

2019 AUG -6 PM 4:13

→ 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 788316		2. Exact name of the Corporation W PROPERTY MANAGEMENT & MULTISERVICES, INC	
3. Principal Office Address 301 RESERVOIR AVE.		City PROVIDENCE	State RI
		Zip 02907	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT, APT. RENTALS AND OTHER MISC.		
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 JACQUELINE ALVAREZ		Vice-President Name JACQUELINE ALVAREZ	
Street Address 147 ROGER WILLIAMS AVE		Street Address 147 ROGER WILLIAMS	
City RUMFORD	State RI	Zip 02916	City RUMFORD
		State RI	
		Zip 02916	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1000	
		STK	
		0.0100	
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		Date	
JACQUELINE ALVAREZ		08/6/19	
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

BY

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