



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

Annual Report for the year: 2020
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

VM **FILED**
 DEC 30 2019

BY 23725

1. Entity ID Number 000045400		2. Exact name of the Corporation WIN DOR, INC.			
3. Principal Office Address 3897 OLD POST ROAD			City CHARLESTOWN	State RI	Zip 02813
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island CONTRACTOR			
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 J. PAUL CLOUGH			Vice-President Name J. PAUL CLOUGH		
Street Address 585 RED HOUSE ROAD			Street Address 585 RED HOUSE ROAD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879
Secretary Name J. PAUL CLOUGH			Treasurer Name J. PAUL CLOUGH		
Street Address 585 RED HOUSE ROAD			Street Address 585 RED HOUSE ROAD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name J. PAUL CLOUGH			Director Name NONE		
Street Address 585 RED HOUSE ROAD			Street Address		
City SOUTH KINGSTOWN	State RI	Zip 02879	City	State	Zip
Director Name NONE			Director Name NONE		
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/PERKS
			100		COMMON
			PAR VALUE		NO PAR
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 J. PAUL CLOUGH				Date X 12/20/19.	
Signature of Authorized Representative SCAN DOCUMENT HERE					