



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 <b>000045400</b>		2. Exact name of the Corporation <b>WIN DOR, INC.</b>			
3. Principal Office Address <b>3897 OLD POST ROAD</b>			City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
4. NAICS Code <b>238150</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONTRACTOR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>J. PAUL CLOUGH</b>			Vice-President Name <b>J. PAUL CLOUGH</b>		
Street Address <b>585 RED HOUSE ROAD</b>			Street Address <b>585 RED HOUSE ROAD</b>		
City <b>SOUTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>SOUTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>J. PAUL CLOUGH</b>			Treasurer Name <b>J. PAUL CLOUGH</b>		
Street Address <b>585 RED HOUSE ROAD</b>			Street Address <b>585 RED HOUSE ROAD</b>		
City <b>SOUTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>SOUTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>J. PAUL CLOUGH</b>			Director Name <b>NONE</b>		
Street Address <b>585 RED HOUSE ROAD</b>			Street Address		
City <b>SOUTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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.					
<b>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.</b>					
Name of Authorized Representative <b>J. PAUL CLOUGH</b>				Date <b>X 12/20/19.</b>	
Signature of Authorized Representative <i>X J. Paul Clough</i>				SCAN DOCUMENT HERE	