



RI SOS Filing Number: 202035804990 Date: 3/3/2020 4:00:00 PM

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.

**FILED  
STAMP**

MAR 03 2020

BY 11286 AS

1. Entity ID Number <b>114224</b>		2. Exact name of the Corporation <b>Woodstock Associates, Inc.</b>																		
3. Principal Office Address <b>1414 Atwood Avenue</b>				City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</b>												
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Ownership and Development of Real Estate</b>																		
5. State of Incorporation <b>RI</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>Kelly M. Coates</b>				Vice-President Name <b>Sheryl Carpiolato</b>																
Street Address <b>1414 Atwood Avenue</b>				Street Address <b>1414 Atwood Avenue</b>																
City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</b>		City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</b>										
Secretary Name <b>Angelo Marocco, Esq.</b>				Treasurer Name <b>Gary Famiglietti</b>																
Street Address <b>1200 Reservoir Avenue</b>				Street Address <b>1414 Atwood Avenue</b>																
City <b>Cranston</b>		State <b>RI</b>		Zip <b>02920</b>		City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</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				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 <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.				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;"><b>100</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>No Par Value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>								NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par Value</b>			
				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE														
				<b>100</b>	<b>Common</b>	<b>No Par Value</b>														
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>Kelly M. Coates</b>									Date <b>2/28/20</b>											
Signature of Authorized Representative 									SIGN DOCUMENT HERE											