

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation**FILED**

MAR 05 2020

1355

→ 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 62741		2. Exact name of the Corporation WANDM ASSOCIATES, INCORPORATED	
3. Principal Office Address 27 FRANCES AVENUE		City NARRAGANSETT	State R.I.
		Zip 02882	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL	
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 WARREN H. RICHARDSON		Vice-President Name MARJORIE ANN RICHARDSON	
Street Address 27 FRANCES AVENUE		Street Address 27 FRANCES AVENUE	
City NARRAGANSETT	State R.I.	City NARRAGANSETT	State R.I.
Zip 02882		Zip 02882	
Secretary Name MARJORIE ANN RICHARDSON		Treasurer Name WARREN H. RICHARDSON	
Street Address 27 FRANCES AVENUE		Street Address 27 FRANCES AVENUE	
City NARRAGANSETT	State R.I.	City NARRAGANSETT	State R.I.
Zip 02882		Zip 02882	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name WARREN H. RICHARDSON		Director Name MARJORIE ANN RICHARDSON	
Street Address 27 FRANCES AVENUE		Street Address 27 FRANCES AVENUE	
City NARRAGANSETT	State R.I.	City NARRAGANSETT	State R.I.
Zip 02882		Zip 02882	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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 3000 No Par Value	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
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 MARJORIE ANN RICHARDSON			Date March 2, 2020
Signature of Authorized Representative <i>Marjorie Ann Richardson</i>			