

## 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 <b>62741</b>		2. Exact name of the Corporation <b>WANDM ASSOCIATES, INCORPORATED</b>	
3. Principal Office Address <b>27 FRANCES AVENUE</b>		City <b>NARRAGANSETT</b>	State <b>R.I.</b>
		Zip <b>02882</b>	
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE RENTAL</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>WARREN H. RICHARDSON</b>		Vice-President Name <b>MARJORIE ANN RICHARDSON</b>	
Street Address <b>27 FRANCES AVENUE</b>		Street Address <b>27 FRANCES AVENUE</b>	
City <b>NARRAGANSETT</b>	State <b>R.I.</b>	City <b>NARRAGANSETT</b>	State <b>R.I.</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Secretary Name <b>MARJORIE ANN RICHARDSON</b>		Treasurer Name <b>WARREN H. RICHARDSON</b>	
Street Address <b>27 FRANCES AVENUE</b>		Street Address <b>27 FRANCES AVENUE</b>	
City <b>NARRAGANSETT</b>	State <b>R.I.</b>	City <b>NARRAGANSETT</b>	State <b>R.I.</b>
Zip <b>02882</b>		Zip <b>02882</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>WARREN H. RICHARDSON</b>		Director Name <b>MARJORIE ANN RICHARDSON</b>	
Street Address <b>27 FRANCES AVENUE</b>		Street Address <b>27 FRANCES AVENUE</b>	
City <b>NARRAGANSETT</b>	State <b>R.I.</b>	City <b>NARRAGANSETT</b>	State <b>R.I.</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>3000 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.			
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 <b>MARJORIE ANN RICHARDSON</b>			Date <b>March 2, 2020</b>
Signature of Authorized Representative <i>Marjorie Ann Richardson</i>			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov