_ RI SOS Fil	ing Number: 2	02039378190	Date: 5/6	6/2020 4	:00:00_PM	L	
State of Rhode Island at	nd Providence Plan	ntations					
Department of St	tate - Busines	ss Services Di	vision				•
NO.	1	RECE	EIVED		•		
nnual Report for the y	R.I. DEPT. OF STATE BUS SVCS DIV						
orporation		BUS SV	CS DIV				
<ul><li>→ Filing period: January 1 - March 1</li><li>→ Filing Fee: \$50.00</li></ul>			2020 MAY -6 PM 3: 38				
→ Penalty: Additional \$25.00	fee if form is not	filed by April 1.	747	ס- ואחנ	rn 3:31	, <u> </u>	
Entity ID Number		of the Corporation		<del></del>			
			WS Pan	Auct	Euc		
001033223 Principal Office Address	10023	Will tack	City	<u> </u>	, -, -	Stale	Zip
9 HARVEST PLATO			WS PRODUCTS, ENC City RELIGIODAY			MA	02769
NAICS Code		otion of the characte				nd	
	o. Oner acachy		•				
3/3220	_						
. State of Incorporation	Mar	NUFACTUR	ROE K	ams	4744	7-1.2-	-1701
RITURE ISLAND		MUTH CINIC		4.70			cate an attachment
. List ALL officers (names and President Name	addresses)		Vice-Presiden	it Name	Check till	C DOX 10 III ON	
FRED GUARA	Smnt						
treet Address			Street Address				
9 HARVEST	IState	Zip	City			State	Zip
REHOOTH	MA	0276.9				<u> </u>	
Secretary Name	Treasurer Name						
Strad	Street Address						
Street Address							
City	State	Zip	City			State	Zip
				·	Check th	l ne box to ind	icate an attachment [
8. List ALL directors (names an	d addresses)		Director Nam	ne	0.100		
Director Name  MLD Gulff  Street Address	21NO						<u> </u>
Street Address 9 HARNEST	10.45		Street Addre	SS			
	State	Zip	City			State	Zip
City RE14060 17H	State	02769				<u>l</u>	
Director Name			Director Nan	ne			
<u> </u>	Street Address						
Street Address							<del></del>
City	State	Zip	City			State	Zip
9. Shares Authorized		10. Shares Iss	L sued			he box to inc	ticate an attachment
This information is currently of	record in the	NUMBER O	F SHARES		CLASS/SERIES		PAR VALUE
Department of State. Changes require an additional filling.		100	3	Com		ļ	.01
		7 3	<del>-</del>				
			authorized res	evitative	If the corner	ation is in th	e hands of a receiver
11. This report must be execut trustee, this report must be ex	ecuted on hehalf o	f the cornoration by	the receiver or	' (rustee.			
Under penalty of periury, I d	eclare and affirm	that I have examin	ed this report	, including	g any accom	panying sc	hedules and
statements, and that all stat	<u>ements contained</u>	i herein are true ar	nd correct.		<u> </u>	Date	<del> </del>
Name of Authorized Represer				5/4	/20		
FRED	GUGRINO	<del></del>				3/1/	
Signature of Authorized Roors	sentafye	=	FILE	<u>)</u>			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ne.						
MAIL TO:			MAY OB	ZUZU			
Division of Business Services	<b>.</b>	),	LI CX	MAN			
148 W. River Street, Providence, F	Rhode Island 02904-	2615	つし ピグー	1-14-1			

FORM 630 - Revised: 10/2017

Phone: (401) 222-3040

Website: www.sos.n.gov