RI SOS Filing Number: 202040937870 Date: 5/27/2020 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
MAY 27 2020
91

1. Entity ID Number	2. Exact name of the Corporation
000255422	WESTRO COMMUNICATIONS, INC.

3. Principal Office Address	City	State	Zip
36 POTTER HILL ROAD	WESTERLY	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	GENERALLY ENGAGE IN COMPLIANCE, INSPECTION AND REVIEW OF CELLULAR COMMUNICATIONS AND TOWERS IN USA
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JOHN PROIA	PAUL PROIA
Street Address: 14022 PARK STREET	Street Address: 14022 PARK STREET
City: DADE CITY, State: FL. Zip: 33525	City: DADE CITY, State: FL. Zip: 33525
Secretary Name	**Treasurer Name**
JOHN PROIA	PAUL PROIA
Street Address: 14022 PARK STREET	Street Address: 14022 PARK STREET
City: DADE CITY, State: FL Zip: 33525	City: DADE CITY, State: FL. Zip: 33525

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
JOHN PROIA	PAUL PROIA
Street Address: 14022 PARK STREET	Street Address: 14022 PARK STREET
City: DADE CITY, State: FL. Zip: 33525	City: DADE CITY, State: FL. Zip: 33525
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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.

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	Date
JOHN PROIA	5/22/2020

Signature of Authorized Representative: JOHN PROIA — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017