



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 STA 2

MAY 27 2020

91

1. Entity ID Number 000255422		2. Exact name of the Corporation WESTPA COMMUNICATIONS, INC.			
3. Principal Office Address 36 POTTER HILL ROAD		City WEBSTER	State RI	Zip 02891	
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name JOHN PROIA			Vice-President Name PAUL PROIA		
Street Address 14022 PARK STREET			Street Address 14022 PARK STREET		
City DARE CITY	State FL.	Zip 33525	City DARE CITY	State FL.	Zip 33525
Secretary Name JOHN PROIA			Treasurer Name PAUL PROIA		
Street Address 14022 PARK STREET			Street Address 14022 PARK STREET		
City DARE CITY	State FL	Zip 33525	City DARE CITY	State FL.	Zip 33525
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN PROIA			Director Name PAUL PROIA		
Street Address 14022 PARK STREET			Street Address 14022 PARK STREET		
City DARE CITY	State FL.	Zip 33525	City DARE 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 <input type="checkbox"/>		
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 JOHN PROIA					Date 5/22/2020
Signature of Authorized Representative <i>John Proia</i>					SIGN DOCUMENT HERE