



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.

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| | | | |
|--|--|--|--------------------|
| 1. Entity ID Number <u>000043626</u> | | 2. Exact name of the Corporation <u>Van Winter Associates, Inc.</u> | |
| 3. Principal Office Address <u>4 North Hereford Drive</u> | | City <u>Cumberland</u> | State <u>RI</u> |
| 4. NAICS Code <u>5411618</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>other management consulting services</u> | |
| 5. State of Incorporation <u>RI</u> | | Zip <u>02864</u> | |

| | | | |
|--|--------------------|--|--------------------|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Robert D Van Winter Jr</u> | | Vice-President Name <u>Marybeth R VanWinter</u> | |
| Street Address <u>DECEASED</u> | | Street Address <u>4 North Hereford Drive</u> | |
| City <u>RI</u> | State | City <u>Cumberland</u> | State <u>RI</u> |
| Zip | | Zip <u>02864</u> | |
| Secretary Name <u>Marybeth R VanWinter</u> | | Treasurer Name <u>Robert D Van Winter Jr</u> | |
| Street Address <u>4 North Hereford Drive</u> | | Street Address <u>Deceased</u> | |
| City <u>Cumberland</u> | State <u>RI</u> | City | State |
| Zip <u>02864</u> | | Zip | |

| | | | |
|---|-------|----------------|-------|
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| 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 | C. ASS/SFRIES |
| Changes require an additional filing. | | <u>200</u> | <u>CNP</u> |
| | | | <u>0.00</u> |

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 <u>Marybeth R Van Winter</u> | Date <u>7/8/2020</u> |
| Signature of Authorized Representative <u>Marybeth R Van Winter</u> | FILED |

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

JUL 16 2020
BY KH350
A.A.