



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 JUL 16 AM 11:20

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>
Zip <u>02864</u>		6. Brief description of the character of business conducted in Rhode Island <u>other management Consulting Services</u>	
4. NAICS Code <u>5411618</u>		5. State of Incorporation <u>RI</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>Cumberland</u>		State <u>RI</u>	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>	Zip <u>02864</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <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	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.govJUL 16 2020  
BY KH3SD  
A.A.

FORM 630 - Revised: 02/2017