



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:

2021

JAN 21 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

1. Entity ID Number 35158		2. Exact name of the Corporation WESTERN INDUSTRIAL COMPLEX, INC.			
3. Principal Office Address ONE STAMP PLACE		City EXETER	State R.I.	Zip 02822	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RHODE ISLAND		LAND SALE AND DEVELOPMENT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM M. STAMP, JR.			Vice President Name WILLIAM M. STAMP, JR.		
Street Address ONE STAMP PLACE			Street Address ONE STAMP PLACE		
City EXETER	State R.I.	Zip 02822	City EXETER	State R.I.	Zip 02822
Secretary Name CAROL J. STAMP			Treasurer Name CAROL J. STAMP		
Street Address ONE STAMP PLACE			Street Address ONE STAMP PLACE		
City EXETER	State R.I.	Zip 02822	City EXETER	State R.I.	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM M. STAMP, JR.			Director Name CAROL J. STAMP		
Street Address ONE STAMP PLACE			Street Address ONE STAMP PLACE		
City EXETER	State R.I.	Zip 02822	City EXETER	State R.I.	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. 800 Common NO PAR VALUE Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 210 SHARES	CLASS/SERIES COMMON	PAR VALUE 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 CAROL J. STAMP				Date 1-15-2021	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov