



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

JAN 25 2021

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Annual Report for the year: 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.

RY 1438

1. Entity ID Number <b>62741</b>		2. Exact name of the Corporation <b>WAND M ASSOCIATES, INCORPORATED</b>			
3. Principal Office Address <b>27 FRANCES AVENUE</b>		City <b>NARRAGANSETT</b>		State <b>R.I.</b>	Zip <b>02882</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETH ESTATE RENTAL</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WARREN H. RICHARDSON</b>			Vice-President Name <b>MARJORIE ANN RICHARDSON</b>		
Street Address <b>27 FRANCES AVENUE</b>			Street Address <b>27 FRANCES AVENUE</b>		
City <b>NARRAGANSETT</b>	State <b>R.I.</b>	Zip <b>02882</b>	City <b>NARRAGANSETT</b>	State <b>R.I.</b>	Zip <b>02882</b>
Secretary Name <b>MARJORIE ANN RICHARDSON</b>			Treasurer Name <b>WARREN H. RICHARDSON</b>		
Street Address <b>27 FRANCES AVENUE</b>			Street Address <b>27 FRANCES AVENUE</b>		
City <b>NARRAGANSETT</b>	State <b>R.I.</b>	Zip <b>02882</b>	City <b>NARRAGANSETT</b>	State <b>R.I.</b>	Zip <b>02882</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>WARREN H. RICHARDSON</b>			Director Name <b>NONE</b>		
Street Address <b>27 FRANCES AVENUE</b>			Street Address		
City <b>NARRAGANSETT</b>	State <b>R.I.</b>	Zip <b>02882</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>3000 No PAR VALUE</b>		
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.					
<b>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.</b>					
Name of Authorized Representative <b>MARJORIE ANN RICHARDSON</b>					Date <b>January 20, 2021</b>
Signature of Authorized Representative <i>Marjorie Ann Richardson</i>					

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