



State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 03 2021

97

4305

1. Entity ID Number 000799931		2. Exact name of the Corporation W & D Enterprise, Inc.			
3. Principal Office Address 86 Mendon Street			City Blackstone	State MA	Zip 01504
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island The making/construction of precast concrete steps with ornamental rod iron railings and precast bulkheads.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gene LaPorte			Vice-President Name		
Street Address 86 Mendon Street			Street Address		
City Blackstone	State MA	Zip 01504	City	State	Zip
Secretary Name Claire LaPorte			Treasurer Name Gene LaPorte		
Street Address 86 Mendon Street			Street Address 86 Mendon Street		
City Blackstone	State MA	Zip 01504	City Blackstone	State MA	Zip 01504
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gene LaPorte			Director Name Gene LaPorte		
Street Address 86 Mendon Street			Street Address 86 Mendon Street		
City Blackstone	State MA	Zip 01504	City Blackstone	State MA	Zip 01504
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 Gene LaPorte, President				Date 1/20/2021	
Signature of Authorized Representative <i>Gene LaPorte</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020