



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 140701		2. Exact name of the Corporation FWS Corp.			
3. Principal Office Address 50 WASHINGTON SQUARE			City NEWPORT	State RI	Zip 02840
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To engage in the real estate business including without limitations, buying, selling, constructing, owning, dealing, developing and rehabilitation of housing and real estate primary for low and moderate			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT M. SABEL			Vice-President Name PAUL MURPHY		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name MARJORIE E. JENSEN			Treasurer Name ELIZABETH PHELPS		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name MARJORIE E. JENSEN			Director Name ELIZABETH PHELPS		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name PAUL MURPHY			Director Name ROBERT M. SABEL		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SHARES	
		100		\$1.00	
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 ROBERT M. SABEL				Date 1/22/2021	
Signature of Authorized Representative 				FILED KM	

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

FEB 10 2021

BY 005570

FORM 630 - Revised: 08/2020