RI SOS Filing Number: 202192800310 Date: 2/24/2021 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division					ריי די		
Annual Report for the year: Corporation → Filing period. January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			FEB 24 2021 B				
→ Penalty: Additional \$29 Entity ID Number 		t filed by April 1. of the Corporatio			=	1)>	
114066	WMT, Inc		11				
Principal Office Address On Metro Center Boulevard, Suite 150A			City Warwick		State RI	Z _I p 02886	
4. NAICS Code	6. Brief descri	ption of the charac	cter of business of	onducted in Rhode Is	land	<u> </u>	
238330 5 State of Incorporation Rhode Island	Holding, ow	Holding, owning, buying, selling, leasing, mortgaging and operating real estate					
				Chaple	ina hay ta ir	adianto an attachment 🗆	
7. List ALL officers (names a President Name Lawrence D.	Check the box to indicate an attachment ☐ Vice-President Name Betsy Bonoff Menders						
Street Address 18621 E. Maza	Street Address 95 Shady Hill Drive						
^{City} Rio Verde	Stale AZ	Zip 85263	City West Warwick		State RI	^{Z_ip} 02893	
Secretary Name Betsy Bonoff Menders			Treasurer Name Lawrence D. Bonoff				
Street Address 95 Shady Hill			Street Address				
City West Warwick	State RI	Zıp 02893	City Rio Verde		State AZ	^{Z₁p} 85263	
8. List ALL directors (names	and addresses)			Check	the box to ii	ndicate an attachment	
Director Name Lawrence D. I	Bonoff		Director Name	Betsy Bonoff Mend	ers		
Street Address 18621 E. Maza	Street Address 95 Shady Hill Drive						
City Rio Verde	State AZ	Zip 85263	City West Warwick		State RI	Z ₁ p 02893	
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Iss				ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		70,443	F SHARES	CLASS/SERIES Common		\$0.01	
11. This report must be exect trustee, this report must be executed the second must be	executed on behalf of	the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, i statements, and that all sta	tements contained			ncluding any accom	panying s	cnedules and	
Name of Authorized Representative Betsy Bonoff Menders					Date (- 2 / - 2 /		
Signature of Authorized Rep	resentative	7 7 Y		\mathcal{C}		21-21	
These	Don			Jes			
MAIL TØ:	Y						

Division of Business Services

148 W River Street, Providence Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.rr.gov