



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN -6 P 11:27

1. Entity ID Number 000081795		2. Exact name of the Corporation HWE, Inc.			
3. Principal Office Address 861A Broad Street			City Providence	State RI	Zip 02907
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP AND OPERATE HOUSING PROJECTS FOR LOW AND MODERATE INCOME FAMILIES. TITLE: 7-1.1-51			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank T. Shea			Vice-President Name Charlotte Thomas-Davison		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			500	CNP	0.000
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. <i>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.</i>					
Name of Authorized Representative Frank T. Shea				Date 1/6/2023	
Signature of Authorized Representative			FILED		
DocuSigned by: Frank T. Shea			JAN 06 2023		

BY ML YGX/HO
2:59