



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

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

STAMP

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN -6 P 4: 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	
		CLASS/SERIES	
		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. 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 Frank T. Shea		Date 1/6/2023	
Signature of Authorized Representative		FILED	
DocuSigned by Frank T. Shea		JAN 06 2023	

BY ML Y9X40
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