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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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|---|-------------|---|---|---------------------|---------------------|
| 1. Entity ID Number 000066253 | | 2. Exact name of the Corporation WEA, 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 ENGAGE IN THE REAL ESTATE BUSINESS 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 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 8000 | CLASS/SERIES CWP | PAR VALUE 1.0000 |
| | | | | | |
| 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 1/9/2023 | |
| Signature of Authorized Representative | | | DocuSigned by: Frank T. Shea | | |

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

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