



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.

FILED STAMP

MAR 27 2023

FOR

BY

1. Entity ID Number 001698647		2. Exact name of the Corporation WHMS, Inc.			
3. Principal Office Address 337 Main Street			City Ashaway	State RI	Zip 02804
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Transportation			
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 Edward P. Faubert, Jr.			Vice-President Name Alicia L. Faubert		
Street Address P.O. Box 1391			Street Address P.O. Box 1391		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Alicia L. Faubert			Treasurer Name Edward P. Faubert, Jr.		
Street Address P.O. Box 1391			Street Address P.O. Box 1391		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 CLASSIFIED PAR VALUE		
			100	Common	No Par Value
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 Edward P. Faubert, Jr.				Date 1/31/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021