



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 10 2023
 BY 115
 ES

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

1. Entity ID Number 001665066		2. Exact name of the Corporation WHIM VENTURES, INC.			
3. Principal Office Address 59 Rollingwood Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of holding devices			
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 Richard E. Fishpaw			Vice-President Name Robert A. Garde, Jr.		
Street Address 59 Rollingwood Drive			Street Address 59 Rollingwood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Richard E. Fishpaw			Treasurer Name Robert A. Garde, Jr.		
Street Address 59 Rollingwood Drive			Street Address 59 Rollingwood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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	
		1000		Common	
				No Par	
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 Richard E. Fishpaw				Date 4/5/23	
Signature of Authorized Representative <i>Richard E. Fishpaw</i>					