



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

APR 10 2023

BY

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ES

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	
		PAR VALUE	
		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>			

MAIL TO:
Division of Business Services