



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.

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 BUS SVCS DIV

2023 APR 26 11:39

1. Entity ID Number <u>1677949</u>	2. Exact name of the Corporation <u>WE MASTER CONSTRUCTION INC</u>		
3. Principal Office Address <u>16 ELIZABETH ROAD</u>	City <u>MILFORD</u>	State <u>MD</u>	Zip <u>01757</u>
4. NAICS Code <u>236118</u>	6. Brief description of the character of business conducted in Rhode Island <u>FRAMING CONSTRUCTION</u>		
5. State of Incorporation <u>MD</u>			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>WELLINGTON SILVER</u>		Vice-President Name	
Street Address <u>16 ELIZABETH ROAD</u>		Street Address	
City <u>MILFORD</u>	State <u>MD</u>	Zip <u>01757</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES <u>\$00000</u>	CLASS/SERIES <u>27500</u>	PAR VALUE <u>0</u>

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: WELLINGTON SILVER Date: 04/26/23

Signature of Authorized Representative: \_\_\_\_\_ FILED

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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