



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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DIV.
2023 MAY 15 PM 12:00

| | | | | | |
|--|--|---|--|--------------------------|---------------------|
| 1. Entity ID Number 1743046 | | 2. Exact name of the Corporation FWSGP Corp. | | | |
| 3. Principal Office Address 50 WASHINGTON SQUARE | | | City NEWPORT | State RI | Zip 02840 |
| 4. NAICS Code 531120 | 6. Brief description of the character of business conducted in Rhode Island To engage in real estate business without limitations, buying,selling,owning,developing housing for low and moderate | | | | |
| 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 ROBERT M. SABEL | | | Vice-President Name SUSAN BODINGTON | | |
| Street Address 50 WASHINGTON SQUARE | | | Street Address 1 TOWN WAY | | |
| City NEWPORT | State RI | Zip 02840 | City LITTLE COMPTON | State RI | Zip 02837 |
| Secretary Name ELIZABETH PHELPS | | | Treasurer Name MARJORIE E. JENSEN | | |
| Street Address 49 PRAIRIE AVENUE | | | Street Address 425 SAMPAN AVENUE | | |
| City NEWPORT | State RI | Zip 02840 | City JAMESTOWN | State RI | Zip 02835 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name ROBERT M. SABEL | | | Director Name SUSAN BODINGTON | | |
| Street Address 50 WASHINGTON SQUARE | | | Street Address 1 TOWN WAY | | |
| City NEWPORT | State RI | Zip 02840 | City LITTLE COMPTON | State RI | Zip 02837 |
| Director Name ELIZABETH PHELPS | | | Director Name MARJORIE E. JENSEN | | |
| Street Address 49 PRAIRIE AVENUE | | | Street Address 425 SAMPAN AVENUE | | |
| City NEWPORT | State RI | Zip 02840 | City JAMESTOWN | State RI | Zip 02835 |
| 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 |
| | | 100 | | | \$1.00 |
| 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 CHRISTIAN BELDEN | | | | Date 2/20/2023 | |
| 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

MAY 15 2023

BY  15264

FORM 630 - Revised: 2/2023