



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
AUG 07 2023
BY *[Signature]*

1. Entity ID Number 63151		2. Exact name of the Corporation WASHINGTON SQUARE SERVICES CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Operating a used furniture store, managing parking lot and custodial labor contract			
4. NAICS Code 624229					
6. Principal Office Address 50 WASHINGTON SQUARE		City NEWPORT	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMIE LEHANE III		Vice-President Name DAYNA GLADSTEIN			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name DEBORAH JOHNSTON		Treasurer Name ROBERT M. SABEL			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALFIE CONGDON		Director Name STEPHEN P. OSTIGUY			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name DEBORAH JOHNSTON		Director Name ROBERT M. SABEL			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative STEPHEN P. OSTIGUY <i>[Signature]</i>				Date 2/20/2023	
Signature of Officer/Authorized Representative					