

State of Rhode Island
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

2023 SEP 18 PM 3:18

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Annual Report for the year: 2024
 Corporation

- 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 <u>1740473</u>		2. Exact name of the Corporation WHITENER CAPITAL MANAGEMENT INC			
3. Principal Office Address PO BOX 7743			City ROCKY MOUNT	State NC	Zip 27804
4. NAICS Code 523900		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation NC		ADVICE			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name RICHARD L SANFORD II			Vice-President Name ANGELA HILL		
Street Address PO BOX 7743			Street Address PO BOX 7743		
City ROCKY MOUNT	State NC	Zip	City ROCKY MOUNT	State NC	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000			1
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 <i>(Signature)</i>					Date 9/12/23
Signature of Authorized Representative RICHARD L SANFORD					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov