

 State of Rhode Island
 Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2023
 Corporation

2024 JAN -2 P 3:09

- 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>1748549</u>		2. Exact name of the Corporation Wingspans Inc.	
3. Principal Office Address 10 Park Row West Apt 201		City Providence	State RI
		Zip 02903	
4. NAICS Code <u>611710</u>	6. Brief description of the character of business conducted in Rhode Island Human-centered career discovery <i>create pipeline of workers</i>		
5. State of Incorporation DE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lindsay Kuhn		Vice-President Name	
Street Address 10 Park Row West Apt 201		Street Address	
City Providence	State RI	Zip 02903	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
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.		<small>NUMBER OF SHARES CLASS/SERIES PAR VALUE</small>	
		1	Common 00001
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 Lindsay Kuhn		Date 12/23/23	
Signature of Authorized Representative <i>Lindsay Kuhn</i>		FILED JAN 02 2024	

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040

BY AMSVK
A.A. 3:10 PM.