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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Corporation

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- 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 001742444		2. Exact name of the Corporation WEIII Development, Inc.	
3. Principal Office Address 861A Broad Street		City Providence	State RI
		Zip 02907	
4. NAICS Code 236116	6. Brief description of the character of business conducted in Rhode Island To acquire, own, develop and operate housing projects for low and moderate income families.		
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 Frank T. Shea		Vice-President Name Charlie Thomas-Davison	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Michelle Brophy		Treasurer Name Larry Kellam	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Frank T. Shea		Director Name	
Street Address 861A Broad Street		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		4,000	CNF
			0.00
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 Frank T. Shea			Date 1/24/2024
Signature of Authorized Representative		DocuSigned by: Frank T. Shea	

FILED 312
JAN 24 2024
BY 1169M

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