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State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS
2024 JAN 24 P 3:11

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.

1. Entity ID Number	2. Exact name of the Corporation		
001742444	WEIII Development, Inc.		
3. Principal Office Address	City	State	Zip
861A Broad Street	Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236116	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 ☐

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	Zip: 02907	City: Providence	State: RI	Zip: 02907
Secretary Name: Michelle Brophy			Treasurer Name: Larry Kellam		
Street Address: 861A Broad Street			Street Address: 861A Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Frank T. Shea			Director Name		
Street Address: 861A Broad Street			Street Address		
City: Providence	State: RI	Zip: 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Frank T. Shea	1/24/2024

Signature of Authorized Representative: DocuSigned by: Frank T. Shea E4CBFBA9FA44494

FILED 3:12
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