



State of Rhode Island
Department of State - Business Services Division

FILED

APR 12 2024

BY R 11761

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>62741</u>		2. Exact name of the Corporation <u>WAND M ASSOCIATES, INCORPORATED</u>			
3. Principal Office Address <u>27 FRANCES AVENUE</u>			City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>
4. NAICS Code <u>531390</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE RENTAL</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>WARREN H RICHARDSON</u>			Vice-President Name <u>MARJORIE ANN RICHARDSON</u>		
Street Address <u>27 FRANCES AVENUE</u>			Street Address <u>27 FRANCES AVENUE</u>		
City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>	City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>
Secretary Name <u>MARJORIE ANN RICHARDSON</u>			Treasurer Name <u>WARREN H. RICHARDSON</u>		
Street Address <u>27 FRANCES AVENUE</u>			Street Address <u>27 FRANCES AVENUE</u>		
City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>	City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>WARREN H. RICHARDSON</u>			Director Name <u>NONE</u>		
Street Address <u>27 FRANCES AVENUE</u>			Street Address		
City <u>NARRAGANSETT</u>	State <u>R.I.</u>	Zip <u>02882</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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/SERIS	PAR VALUE
		<u>3000 No PAR VALUE</u>			<u>April 9, 2024</u>
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 <u>MARJORIE ANN RICHARDSON</u>					Date <u>April 9, 2024</u>
Signature of Authorized Representative <u>Marjorie Ann Richardson</u>					

MAIL TO:
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Website: www.sos.ri.gov