



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1134
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 146043		2. Name of Corporation HEADWALLS, INC.			
3. Street Address Principal Business Office 209 Butler Avenue			City Providence	State RI	Zip 02906
4. Business Phone No. 401-421-3031		5. State of Incorporation Rhode Island			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island To sell medical related equipment					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILING IN SEPARATE ATTACHMENTS					
President Name Deborah P. Wolfinger			Vice President Name James F. Wynn		
Street Address 209 Butler Avenue			Street Address 209 Butler Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Deborah P. Wolfinger			Treasurer Name Deborah P. Wolfinger		
Street Address 209 Butler Avenue			Street Address 209 Butler Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILING IN SEPARATE ATTACHMENTS					
Director Name N/A			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
10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () FILING IN SEPARATE ATTACHMENTS					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
-1000-	no par value common	no par value	-100-	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

Deborah P. Wolfinger

Print or Type Name of Officer

President

Title of Officer

Date