

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.I. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1,2-1501(c	(&d)) is subject to a pena				······	
T. Corporate ID No. 146871	The Wiccan	2. Name of Corporation The Wiccan Glade, Inc.				
3. Sirect Address Principal Business Office 671 Putnam Pike			City Smithfield	State RI	^{24p} 02828	
4. Business Phone No. 5. State of Incorpor 401-349-4679 Rhode Island						
sale of holistic healing	naracier of Business Conducted ng products and service	S		III. BAAAAA AA	inggangganggan (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
7. NAMES AND ADDR	ESSES OF THE OFFICI	RS: ("X" BOX FOR	ATTACHMENT) 🗌 FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Sherry A. Kachanis			David P. Kachanis			
Street Address 671 Putnam Pike			Street Address 671 Putnam Pike			
ाः Smithfield	State RI	_{Zip} 02828	City Smithfield	State Ri	^{Zip} 02828	
Secretary Name Sherry A. Kachanis			Treasurer Name David P. Kachanis			
Sincet Address 671 Putnam Pike			Street Address 671 Putnam Pike			
<i>City</i> Smithfield	State R1	Zip 02828	City Smithfield	State RI	02828	
8. NAMES AND ADDI	RESSES OF THE DIREC	TORS: ("X" BOX FO	<i>R ATTACHMENT)</i> 🔲 FILL	IN SPACES BEFORE USIN	G ATTACHMENTS	
во у под под подражения видения правинальный в под применения выправиления в под под под под под под под под п Титести Матив			Director Name	Director Name		
Sherry A. Kachanis				David P. Kachanis		
Stron Address			Street Address			
671 Putnam Pike			671 Putnam Pike		0 5	
<i>Cit</i> (1	State	Zip	City	State	Zip 92 0	
Smithfield	RI	02828	Smithfield	RI	028 2 8 60 0	
Director Name			Director Name		N SA	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORI	IZED ("X" BOX FOR A	тта сниемт)	ACTUAL CONTRACTOR OF THE PROPERTY OF THE PROPE	D ("X" BOX FOR ATTAC SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000 Common No par value			100	common	No par value	
10.00			110 A 100 A	CTONNES EXX		
This report must be e	xecuted on behalf of the	corporation by an au	thorized representative. If the	e corporation is in the hand	s of a receiver or trustee.	

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.

File Date			
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FOR	SECRETARY OF	STAILEUSEUS	

including any accompanying so	lare and affirm that I have examined this report, chedules and statements, and that all statements					
contained herein are true and c						
Merry C. K	achans 2/6/08					
Signature	Date					
Sherry A. Kachanis						
Print or Type Name						
President						