



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.L. 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 penalty fee of \$25.00.

1. Corporate ID No. 146871		2. Name of Corporation The Wiccan Glade, Inc.			
3. Street Address Principal Business Office 671 Putnam Pike			City Smithfield	State RI	Zip 02828
4. Business Phone No. 401-349-4679		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island sale of holistic healing products and services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sherry A. Kachanis			Vice President Name David P. Kachanis		
Street Address 671 Putnam Pike			Street Address 671 Putnam Pike		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Sherry A. Kachanis			Treasurer Name David P. Kachanis		
Street Address 671 Putnam Pike			Street Address 671 Putnam Pike		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sherry A. Kachanis			Director Name David P. Kachanis		
Street Address 671 Putnam Pike			Street Address 671 Putnam Pike		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Smithfield	RI	02828	Smithfield	RI	02828
Director Name			Director Name		
Street Address			Street Address		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series	Par Value		
1000		Common	No par value		
Number of Shares		Class/Series	Par Value		
100		common	No par value		
THIS SECTION MUST BE COMPLETED					

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	<b>FILED</b>
Check No.	<b>FEB 29 2008</b>
By	<b>DS 0505</b>
FOR SECRETARY OF STATE USE ONLY	

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.

*Sherry A. Kachanis* 2/6/08  
Signature Date  
Sherry A. Kachanis  
Print or Type Name  
President  
Title