



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. 61221		2. Name of Corporation J. & C. Wilson Corporation		
3. Street Address Principal Business Office 20 Stonegate Drive			City North Kingstown	State RI
4. Business Phone No. 401-295-5338		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John A. Wilson, III			Vice President Name Cindy H. Wilson	
Street Address 20 Stonegate Drive			Street Address 20 Stonegate Drive	
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Secretary Name Cindy H. Wilson			Treasurer Name John A. Wilson, III	
Street Address 20 Stonegate Drive			Street Address 20 Stonegate Drive	
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
100 shares no par value common stock			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares	Class/Series
			1	no par common
				Par Value
				none

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 **FILED**
Check No. **APR 04 2008**
By: **DS 6333**
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.

Signature: *[Signature]* Date: **2/5/08**
Print or Type Name: **JOHN A. WILSON III**
Title: **PRESIDENT**