



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

* 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. 6409
2. Name of Corporation WILKINSON ASSOCIATES, INC.
3. Street Address Principal Business Office 615 JEFFERSON BOULEVARD
City WARWICK State RI Zip 02886
4. Business Phone No. 401/737-6382
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
PROFESSIONAL ENGINEERING SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Donald Wilkinson Street Address 615 Jefferson Boulevard City Warwick State RI Zip 02886 Secretary Name Donald Wilkinson Street Address 615 Jefferson Boulevard City Warwick State RI Zip 02886	Vice President Name Robert Steven Wilkinson Street Address 615 Jefferson Boulevard City Warwick State RI Zip 02886 Treasurer Name Donald Wilkinson Street Address 615 Jefferson Boulevard City Warwick State RI Zip 02886
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8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip Director Name Street Address City State Zip	Director Name Street Address City State Zip Director Name Street Address City State Zip
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
400 NO PAR VALUE		

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common-N/A	No par value

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.



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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.

Robert Steven Wilkinson
Signature of Officer Date 1/12/09

Robert Steven Wilkinson
Print or Type Name of Officer

Vice President
Title of Officer

File Date **FILED**
Check No. JAN 14 2009
By: 434600
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