



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  
401.222.3640

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

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. 6294		2. Name of Corporation WAND M ASSOCIATES, INCORPORATED			
3. Street Address Principal Business Office 27 FRANCES AVENUE			City NARRAGANSETT	State RHODE ISLAND	Zip 02882
4. Business Phone No. 783-1643		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE RENTAL					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WARREN H. RICHARDSON			Vice President Name MARTORIE ANN RICHARDSON		
Street Address 27 FRANCES AVENUE			Street Address 27 FRANCES AVENUE		
City NARRAGANSETT	State RHODE ISLAND	Zip 02882	City NARRAGANSETT	State RHODE ISLAND	Zip 02882
Secretary Name MARTORIE ANN RICHARDSON			Treasurer Name WARREN H. RICHARDSON		
Street Address 27 FRANCES AVENUE			Street Address 27 FRANCES AVENUE		
City NARRAGANSETT	State RHODE ISLAND	Zip 02882	City NARRAGANSETT	State RHODE ISLAND	Zip 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WARREN H. RICHARDSON			Director Name MARTORIE ANN RICHARDSON		
Street Address 27 FRANCES AVENUE			Street Address 27 FRANCES AVENUE		
City NARRAGANSETT	State RHODE ISLAND	Zip 02882	City NARRAGANSETT	State RHODE ISLAND	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			3,000	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.

#578 1/14/09 50.00

File Date **FILED**

Check No. **JAN 20 2009**

By **578**

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.

*Martorie Ann Richardson* January 14, 2009  
Signature Date

**MARTORIE ANN RICHARDSON**  
Print or Type Name

**VICE PRESIDENT**  
Title