



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

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. 17910		2. Name of Corporation Wickford Lanes Inc			
3. Street Address Principal Business Office 7565 Post Rd.		City No. Kingstown	State RI	Zip 02852	
4. Business Phone No. (401) 294-9886		5. State of Incorporation RI			
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 Constance T. Lischio		Vice President Name Thomas A. Lischio			
Street Address 151 Pinecrest Dr		Street Address 205 Heritage Rd.			
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
Secretary Name Kathryn L. Lischio		Treasurer Name Constance T. Lischio			
Street Address 205 Heritage Rd.		Street Address 151 Pinecrest Dr.			
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
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	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 500		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 100			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 100	Class/Series Common	Par Value No	

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.

FILED

FEB 03 2009

BY

AMF 11:23
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File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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.

Constance T. Lischio

Signature

Date

2-2-09

Constance T. Lischio

Print or Type Name

President

Title