



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 132861		2. Name of Corporation WAKEFIELD FIREPLACE & GRILLS INC.			
3. Street Address Principal Business Office 591 KINGSTOWN RD		City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. 401-789-9448		5. State of Incorporation RI		6. SIC Code 5884	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PURCHASING, SELLING & DISTRIBUTING, AT WHOLESALE OR RETAIL, STOVES, FIREPLACE EQUIPMENT, GRILLS, SUPPLIES & ACCESSORIES USED IN CONNECTION THEREWITH					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSHUA BEAUPARLANT		Vice President Name KENNETH MARTIN			
Street Address 28 YOLANDE PL.		Street Address 28 YOLANDE PL.			
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name JOSHUA BEAUPARLANT		Treasurer Name KENNETH MARTIN			
Street Address 28 YOLANDE PL.		Street Address 28 YOLANDE PL.			
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSHUA BEAUPARLANT		Director Name KENNETH MARTIN			
Street Address 28 YOLANDE PL.		Street Address 28 YOLANDE PL.			
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000	COMMON	NO PAR	200	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 2 8 6 1

File Date **3-3-09**
Check No. **4445**
By **mnc**
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 of Officer **Joshua M. Beuparlant** Date **2-28-09**
Print or Type Name of Officer **Joshua M. Beuparlant**
Title of Officer **President**

Form 630 12/01