



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 177425		2. Name of Corporation THE WISH WALKERS	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address NORTH 8 MAY ST #6 PROVIDENCE	
5. Foreign corporation. Enter principal office address —		City PROVIDENCE	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island WALK AROUND LINCOLN WOODS TO RAISE money for BREAST CANCER, childrens wishes of RI, JUVENILE DIABETES		City PROVIDENCE	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		State RI	
President Name THOMAS W LOLIO SR		Vice President Name LILLIAN A LOLIO	
Street Address 8 MAY ST #6		Street Address 8 MAY ST #6	
City NORTH PROVIDENCE		City NORTH PROVIDENCE	
State RI		State RI	
Zip 02904		Zip 02904	
Secretary Name VINI AMES		Treasurer Name ALFRED T RICCI	
Street Address 2 DAIL DRIVE		Street Address 129 SCITUATE AVE	
City NORTH PROVIDENCE		City JOHNSTON	
State RI		State RI	
Zip 02911		Zip 02919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name THOMAS W LOLIO SR		Director Name LILLIAN A LOLIO	
Street Address 8 MAY ST #6		Street Address 8 MAY ST #6	
City NORTH PROVIDENCE		City NORTH PROVIDENCE	
State RI		State RI	
Zip 02904		Zip 02904	
Director Name VINI AMES		Director Name ALFRED T RICCI	
Street Address 2 DAIL DR		Street Address 129 SCITUATE AVE	
City NORTH PROVIDENCE		City JOHNSTON	
State RI		State RI	
Zip 02911		Zip 02919	
9. REGISTERED AGENT IN RHODE ISLAND THOMAS W LOLIO SR			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

FILED

MAY 11 2009

By **THOMAS W LOLIO SR**
029-89046

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.

THOMAS W LOLIO SR 5/11/09
Signature of Officer Date

THOMAS W LOLIO SR

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	