



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 2010

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. 99905		2. Name of Corporation WESSAHEAD, INC.			
3. Street Address Principal Business Office 445 BUDLONG ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-944-5080		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, MANAGE AND GENERALLY DEAL WITH ALL ASPECTS OF REAL ESTATE AND THE FINANCING THEREOF.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOUIS E. BALDI			Vice President Name BETTY A. SHEA		
Street Address 445 BUDLONG ROAD			Street Address 31 HARRISON AVENUE		
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02888
Secretary Name BETTY A. SHEA			Treasurer Name LOUIS E. BALDI		
Street Address 31 HARRISON AVENUE			Street Address 445 BUDLONG ROAD		
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 NONE	Class/Series	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.

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

Date

BETTY A. SHEA

Print or Type Name

VICE PRESIDENT

Title

File Date	FILED
Check No.	DEC 24 2009
By:	21095
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