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.	2. Name of Corporation			
99905	WESSAHEAD, INC.			
3. Street Address Principal Business Office		City	State	Zip
445 BUDLONG ROAD		CRANSTON	RI	02920
4. Business Phone No.	5. State of Incorporation			
401-944-5080	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			Vice President Name		
LOUIS E. BALDI			BETTY A. SHEA		
Street Address			Street Address		
445 BUDLONG ROAD			31 HARRISON AVENUE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	WARWICK	RI	02888
Secretary Name			Treasurer Name		
BETTY A. SHEA			LOUIS E. BALDI		
Street Address			Street Address		
31 HARRISON AVENUE			445 BUDLONG ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	CRANSTON	RI	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

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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.

[redacted] [redacted]

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* 12/23/09

BETTY A. SHEA
Print or Type Name

[redacted] VICE PRESIDENT
Title

File Date FILED
Check No. DEC 24 2009
By: By 21095
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Form 630 Rev. 08/08