



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. 82447		2. Name of Corporation The Wise Owl, Inc.	
3. Street Address Principal Business Office 100 Main Street		City Westerly	State RI
		Zip 02891	
4. Business Phone No. 401-348-9555		5. State of Incorporation Rhode Island	
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 Elizabeth M. Metcalf		Vice President Name Douglas A. Metcalf	
Street Address 29 Miner Street		Street Address 29 Miner Street	
City Westerly	State RI	Zip 02891	City Westerly
		State RI	
		Zip 02891	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Elizabeth M. Metcalf		Director Name Douglas A. Metcalf	
Street Address 29 Miner Street		Street Address 29 Miner Street	
City Westerly	State RI	Zip 02891	City Westerly
		State RI	
		Zip 02891	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.

FILED

File Date **JAN 20 2010**

Check No. **10206**

By: **10206**

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.

Elizabeth M. Metcalf 1/17/10
Signature Date
Elizabeth M. Metcalf
Print or Type Name
President
Title