

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(e&d)) is whitest to a paralter fee of \$25.00

1. Corporate II) No. 508537	2. Name of Corporation Wicked Co., Inc.				
3. Street Address Principal Business 50 Campeau Stre	Office	· · · · · · · · · · · · · · · · · · ·	Woonsocket	State RT	^{Zip} 02895
4. Business Phone No. 5. State of Incorporation 1–877–792–6122 Rhode Isl		and			
7. HAMES AND ADDRESSE	aning produc	I'm Rhode Island Cts and janitori	al supplies: and	all lawful ou	rooses
Edward J. Labonte			Vice President Name Leonard C. Connors, Jr.		
Street Address 50 Campeau Street			Sireel Address 90 Delmarge Street		
	State RI	^{Ζίρ} 02895	Guy Swansea	State MA	<i>Σιρ</i> 02777
Edward J. Labonte			Treasurer Name Edward J. Labonte		
50 Campeau Street			Street Address 50 Campeau Street		
Woonsocket	State RI	^{2ip} 02895	Woonsocket	State RT	^{Zip} 02895
3. NAMES AND ADDRESSES Director Name Edward J. Labon Street Address		ORS: ("X" BOX FOR AT	Director Name	PACES BEFORE USIN	G ATTACHMENTS
50 Campeau Stre	et		Street Address		
Woonsocket	State RI	^{Zip} 02895	СИУ	State	Zip
Director Name			Director Name		
Treet Address			Street Address		
City	State	Zip	City	State	Zip
8,000 Common No		 	10. SHARES ISSUED (" ISSUED SHARES — THIS SECTION	 X" BOX FOR ATTAC! ON <u>MUST</u> BE COMPLETED	HMENT)
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.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
This report must be a series					
This report must be executed his report must be executed of	on behalf of the co	orporation by an authorize	Under penalty of perjuincluding any accomp	ry, I declare and affirm that	s of a receiver or trustee, hat I have examined this report tements, and that all statement
File Date	2010	-	contained herein are tr	ne and correct.	February 5.
By: M	nc	-	Edward J. Print or Type Name	Labonte	
FOR SECRETARY OF STATE USE ONLY			President		
			Title		Form 630 Rev. 08/08