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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			
TL7ey 5 18658	WOOD BEAM, INC.			
3. Street Address Principal Business Office		City	State	Zip
50 Wilderness Trail		Wakefield	RI	02879
4. Business Phone No.	5. State of Incorporation			
401 789 1211	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
real estate investment

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Philip R. Mania	Vice President Name:
Street Address: 50 Wilderness Trail	Street Address:
City: Wakefield State: RI Zip: 02879	City: State: Zip:
401 789-1211	
Secretary Name:	Treasurer Name: Philip R. Mania
Street Address:	Street Address: 50 Wilderness Trail
City: State: Zip:	City: Wakefield, RI 02879 State: Zip:
	401 789-1211

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Philip R. Mania	Director Name:
Street Address: 50 Wilderness Trail	Street Address:
City: Wakefield, RI 02879 State: 401 789-1211 Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED 1000

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
10	1	no par

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: P. R. Mania Date: 2/19/10

Philip R. Mania
Print or Type Name

Pres.
Title

[redacted]

File Date FILED
Check No FEB 22 2010
By: By 44640
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45593-59-486992

Form 630 Rev. 08/08