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
15112	W.A.F.T. INCORPORATED

3. Street Address Principal Business Office	City	State	Zip
106 SCOTT ROAD	CUMBERLAND	RI	02864

4. Business Phone No.	5. State of Incorporation
401[illegible]33-0665	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE

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

President Name	Vice President Name
THOMAS J. MALLOY	WILLIAM C. MALLOY
Street Address: 27 RED GATE ROAD	Street Address: 3 STONE BRIDGE DRIVE
City: CUMBERLAND; State: RI; Zip: 02864	City: CUMBERLAND; State: RI; Zip: 02864
Secretary Name: ANNE C. MANSI	Treasurer Name: FRANCES M. GALLELLA
Street Address: 20 MARYWOOD LANE	Street Address: 34 ANGELL ROAD
City: CUMBERLAND; State: RI; Zip: 02864	City: CUMBERLAND; State: RI; Zip: 02864

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

Director Name	Director Name
THOMAS J. MALLOY	WILLIAM C. MALLOY
Street Address: 27 RED GATE ROAD	Street Address: 3 STONE BRIDGE DRIVE
City: CUMBERLAND; State: RI; Zip: 02864	City: CUMBERLAND; State: RI; Zip: 02864
Director Name: NONE	Director Name: NONE
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
600	COMMON	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* 3/13/10

THOMAS J. MALLOY
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No.
JUL 0 8 2010
By: By 1037 & 1039
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