



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 2007

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. 0062877		2. Name of Corporation Wildlyn Inc.			
3. Street Address Principal Business Office c/o Gravestar, Inc., 160 Second Street			City Cambridge	State MA	Zip 02142
4. Business Phone No. 617-492-4118		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To act as a general and limited partner in general and limited partnerships, and to engage in general real estate transactions.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert A. Kaloosdian			Vice President Name None		
Street Address 43 Mount Auburn Street			Street Address		
City Watertown	State MA	Zip 02472	City	State	Zip
Secretary Name Robert A. Kaloosdian			Treasurer Name Robert A. Kaloosdian		
Street Address 43 Mount Auburn Street			Street Address 43 Mount Auburn Street		
City Watertown	State MA	Zip 02472	City Watertown	State MA	Zip 02472
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert A. Kaloosdian			Director Name		
Street Address 43 Mount Auburn Street			Street Address		
City Watertown	State MA	Zip 02472	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
250	Class A Common	\$1.00	250	Class A Common	\$1.00
750	Class B Common	\$1.00			

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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: Robert A. Kaloosdian
Date: 8/3/10
Robert A. Kaloosdian
President