



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Bialik, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

ing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
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)(4)) is
ect to a penalty fee of \$25.00.

Corporate ID No. 2039		2. Name of Corporation WILLIAM S. SLOCUM, INC.			
Street Address Principal Business Office 17 Nayatt Road		City Barrington	State RI	Zip 02806	
Business Phone No. 401-440-3667		5. State of Incorporation Rhode Island			
Brief Description of the Character of Business Conducted in Rhode Island Manufacturer's rep					
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Officer Name William S. Slocum			Vice President Name same		
Street Address 17 Nayatt Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Elisabeth D. Slocum			Treasurer Name same		
Street Address 17 Nayatt Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William S. Slocum			Director Name Elisabeth D. Slocum		
Street Address 17 Nayatt Road			Street Address 17 Nayatt Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Class/Series	Par Value
			10		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.

FILED

File Date JAN 28 2011
Check No. 2084
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.

Elisabeth D. Slocum 1/27/11
Signature Date
Elisabeth D. Slocum
Print or Type Name
Sec/Treas.
Title