



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 177425		2. Name of Corporation THE WISH WALKERS	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 945 CHARLES ST APT 6	
5. Foreign corporation. Enter principal office address		City No PROV	Zip 02904
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island WALKS TO RAISE MONEY FOR CHILDREN DANCE TO RAISE MONEY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name THOMAS W LOLIO SR		Vice President Name LILLIAN A LOLIO	
Street Address 945 CHARLES ST APT 6		Street Address 945 CHARLES ST	
City No PROV	State RI	City No PROV	State RI
Zip 02904		Zip 02904	
Secretary Name VINI AMES		Treasurer Name ALFRED RICCI	
Street Address 2 DAIL AVE		Street Address 129 SCITUATE AVE	
City No PROV	State RI	City JOHNSTON	State RI
Zip 02904		Zip 02919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name THOMAS W LOLIO SR		Director Name LILLIAN A LOLIO	
Street Address 945 CHARLES ST APT 6		Street Address 945 CHARLES ST	
City No PROV	State RI	City No PROV	State RI
Zip 02904		Zip 02904	
Director Name VINI AMES		Director Name ALFRED T RICCI	
Street Address 2 DAIL AVE		Street Address 129 SCITUATE AVE	
City No PROV	State RI	City JOHNSTON	State RI
Zip 02904		Zip 02919	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

AUG 25 2011

By

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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 of Officer

Date

THOMAS W LOLIO SR

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 631 Rev. 09/17

File Date 2011 AUG 25 AM 9:15

Check No. CORPORATIONS DIV
SECRETARY OF STATE

By: RECEIVED
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