

FOR SECRETARY OF STATE USE ONLY

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 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-, subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its ann	ual report within thirty (30) days a	ifter the time prescribed by law	v (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 117005	2. Name of Corporation TradeWell Inter	national, Inc.			
3. Street Address Principal Business Office 56 Brown Street			City North Kingston	State RI	<sup>Zip</sup> 02852
4. Business Phone No. 401-667-0500  5. State of Incorporation Massachusetts					7
6. Brief Description of the Character to engage in the business o					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Arthur O. Wellman, III			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Sally K. Wellman		
Street Address 40 North Cliff Drive			Street Address 40 North Cliff Drive		
City Narragansett	State RI	<sup>Zip</sup> 02882	City Narragansett	State RI	<sup>Zip</sup> 02882
Secretary Name	•	····	Treasurer Name	***************************************	••••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES Director Name Arthur O. Wellman, III	OF THE DIRECTO	RS: ("X" BOX FOR ATI	ACHMENT) TILL IN S  Director Name  Sally K. Wellman  Street Address	PACES BEFORE USING	G ATTACHMENTS
Street Address 40 North Cliff Drive			40 North Cliff Drive		
City Narragansett Director Name	State RI	Zip 02882	City Narragansett  Director Name	State RI	Zip 02882
Patricia F. Kalberer			Street Address		
40 North Cliff Drive				·····	
Narragansett	State RI	<i>Zip</i> 02882	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			10,000	common	no par
This report must be executed this report must be executed				poration is in the hand	s of a receiver or trustee,
	FILED			panying schedules and sta	that I have examined this report atements, and that all statement
1 A	0.7 2011		Signature	<u></u>	Date Date
Check No.			Arthur O. Wellman,III Print or Type Name		

President

Title