

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PE

2012

. Corporate ID No. 99905	2. Name of Corp WESSAHE	2. Name of Corporation WESSAHEAD, INC.					
Street Address Principal Business Office 445 BUDLONG ROAD			CRANSTON	State RHODE ISLAND	<sup>Zip</sup> 02920		
5. State of Incorporation 401-944-5080  5. State of Incorporation RHODE ISLAND					****		
. Brief Description of the Ch TO BUY, SELL, MAN		cted in Rhode Island ALLY DEAL WITH ALL ASPE	CTS OF REAL ESTATE	AND THE FINANCING TH	EREOF.		
. NAMES AND ADDR resident Name LOUIS E. BALDI	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) THILL IN S Vice President Name BETTY A. SHEA	PACES BEFORE USING ATT	ACHMENTS		
treet Address 445 BUDLONG ROAD			Street Address 31 HARRISON AVENUE				
CRANSTON	State RI	<i><sup>Zip</sup></i> <b>02920</b>	City WARWICK	State RI	<sup>Zip</sup> 02888		
iecretary Name BETTY A. SHEA	elary Name			Treasurer Name LOUIS E. BALDI			
ireet Address 31 HARRISON AVE	NUE		Street Address 445 BUDLONG RO	Address			
MARWICK	State RI	<sup>Zip</sup> <b>02888</b>	City CRANSTON	State RI	<sup>Zip</sup> 02920		
Street Address		ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Street Address					
City	State	Zip	City	State	Zip		
Hrector Name	J		Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
. SHARES AUTHORIZ	ZED		• • • • • • • • • • • • • • • • • • • •	("X" BOX FOR ATTACHM) TION MUST BE COMPLETED	   (TM2		
This information is cu	rrently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value		
State. Changes requir instruction sheet.	tate. Changes require an additional filing. See Section 9 of astruction sheet.		NONE				
			THE SEC	100 Meet by san			
		he corporation by an authorizence corporation by the receiver		orporation is in the hands of	a receiver or tr		

	FILED					
File Date		DEC	90	2011		
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	FOR SECR	ETARY O	F STATE	USE O	VILY	

Under penalty of perjury, I declare and	d affirm that I have ex	xamined	this re	port,
including any accompanying schedule	es and statements, and	d that all	statem	ents
contained herein are true and correct.	_ A	(	l	
I have	Shea	6	23	11
Signature	Date	•	1	Ι'''
BETTY A. SHEA				
Print or Type Name				
VICE PRESIDENT				
Title				