RI SOS Filing Number: 201288042430 Date: 01/13/2012 4:00 PM

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 2012

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.	2. Name of Corporation
18049	William C Wilcox Inc

3. Street Address Principal Business Office	City	State	Zip
1 Brookdale Dr	Ashaway	RI	02804-1601

4. Business Phone No.	5. State of Incorporation
401-377-2479	RI

6. Brief Description of the Character of Business Conducted in Rhode Island

Financial Services

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
William C Wilcox	1 Brookdale Dr	Ashaway	RI	02804-1601

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Julia P Wilcox	1 Brookdale dr	Ashaway	RI	02804-1601

Treasurer Name	Street Address	City	State	Zip
William C Wilcox	1 Brookdale Dr	Ashaway	RI	02804-1601

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
William C Wilcox	1 Brookdale Dr	Ashaway	RI	02804-1601

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

1000 no par value

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES - - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	No Par Value	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 13 2012

Check No. By MMC

By: 1477

72094-10-686522
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.

W C Wilcox 1/2/12
Signature *Date*

William C Wilcox
Print or Type Name

PRESIDENT
Title