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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		
117005	TradeWell International, Inc.		
3. Street Address Principal Business Office	City	State	Zip
56 Brown Street	North Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation		
401-667-0500	Massachusetts		

6. Brief Description of the Character of Business Conducted in Rhode Island
to engage in the business of buying and selling wood products

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

President Name			Vice President Name		
Arthur O. Wellman, III			Sally K. Wellman		
Street Address			Street Address		
40 North Cliff Drive			40 North Cliff Drive		
City	State	Zip	City	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Arthur O. Wellman, III			Sally K. Wellman		
Street Address			Street Address		
40 North Cliff Drive			40 North Cliff Drive		
City	State	Zip	City	State	Zip
Narragansett	RI	02882	Narragansett	RI	02882
Director Name			Director Name		
Patricia F. Kalberer					
Street Address			Street Address		
40 North Cliff Drive					
City	State	Zip	City	State	Zip
Narragansett	RI	02882			

9. SHARES AUTHORIZED

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
10,000	common	no par

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.

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: [signature] Date: 2/09/12

Arthur O. Wellman, III
Print or Type Name

President
Title

FILED
File Date
Check No. FEB 1 0 2012
By: BY 1730
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Form 630 Rev. 08/08