



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. 68822		2. Name of Corporation WONDER WALL CONSTRUCTION, INC.			
3. Street Address Principal Business Office 835 HIGH STREET			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. 4017241455		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island drywall and plastering					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ARTUR SILVA			Vice President Name LISE ANN SILVA		
Street Address 15 VALLEY STREAM DRIVE			Street Address 15 VALLEY STREAM DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name LISE ANN SILVA			Treasurer Name ARTUR SILVA		
Street Address 15 VALLEY STREAM DRIVE			Street Address 15 VALLEY STREAM DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ARTUR SILVA			Director Name LISE ANN SILVA		
Street Address 15 VALLEY STREAM DRIVE			Street Address 15 VALLEY STREAM DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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
		6,000		COMMON	NO PAR VALUE
THIS SECTION MUST BE COMPLETED					

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SECRETARY OF STATE
CORPORATIONS DIV
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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

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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

ARTUR SILVA

Print or Type Name

PRESIDENT

Title

Date

1/10/12

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY