



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000160111		2. Exact name of the Corporation The Walach Group, Inc.		
3. Principal office address P.O. Box 1345		City Douglas	State MA	Zip 01516
4. Business Phone No. 508-476-3883		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Fast food restaurant - McDonald's				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Stephen M. Walach		Vice-President Name		
Street Address 21 Woodland Rd Box 1348		Street Address		
City Douglas	State MA	Zip 01516	City	State
Secretary Name Lynne B. Walach		Treasurer Name		
Street Address 21 Woodland Rd Box 1348		Street Address		
City Douglas	State MA	Zip 01516	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 1,000	CLASS/SERIES	PAR VALUE 0

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 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.

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 APR 16 2012
 By 168814
 DS

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.

Lynne B. Walach 4/16/12
 Signature of Authorized Representative Date

Lynne B. Walach
 Print or Type Name of Authorized Representative