



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 2013

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. 508480		2. Exact name of the Corporation WHALE ROCK LAND COMPANY			
3. Principal office address 31 Gibson Avenue		City Narragansett	State RI	Zip 02882	
4. Business Phone No. 789-4132		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tina Morris		Vice-President Name Nancy Porter			
Street Address 474 Ipswich Road		Street Address 1387 Mass Avenue			
City Boxford	State MA	Zip 02921	City Lexington	State MA	Zip 02420
Secretary Name Winifred Mackall		Treasurer Name Thomas Patterson			
Street Address 31 Gibson Avenue		Street Address 101 Waterway			
City Narragansett	State RI	Zip 02882	City Saunderstown	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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) <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	CLASS/SERIES	PAR VALUE
			100	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 08 2013

BY *mme*

CH # 1018

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.

Winifred Mackall *14-13*
Signature of Authorized Representative Date

Winifred Mackall

Print or Type Name of Authorized Representative