



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.<br><b>542931</b>   |                    | 2. Exact name of the Corporation<br><b>IVY WEALTH MANAGEMENT INC</b> |                                    |                    |                     |
| 3. Principal office address<br><b>117 METRO CENTER BLVD SUITE 1001</b>  |                    | City<br><b>WARWICK</b>   |                                    | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 4. Business Phone No.<br><b>401-681-4266</b>  |                    | 5. State of Incorporation<br><b>R.I</b>                              |                                    |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>ALL LAWFUL ANCILLARY SERVICES RELATED TO THE PROVISION OF INVESTMENT AND WEALTH MANAGEMENT SERVICES</b> |                    |  |                                    |                    |                     |
| <b>7. OFFICERS (NAME, ADDRESS AND PHONE NUMBER) (X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |                    |  |                                    |                    |                     |
| President Name<br><b>BRADLEY M INGEGNERI</b>  |                    |  | Vice-President Name<br><b>NONE</b> |                    |                     |
| Street Address<br><b>139 BISHOP HILL RD</b>   |                    |  | Street Address                     |                    |                     |
| City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>  | City                               | State              | Zip                 |
| Secretary Name<br><b>NONE</b>   |                    |  | Treasurer Name<br><b>NONE</b>      |                    |                     |
| Street Address  |                    |  | Street Address                     |                    |                     |
| City  | State              | Zip  | City                               | State              | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |                    |  |                                    |                    |                     |
| Director Name<br><b>NONE</b>  |                    |  | Director Name                      |                    |                     |
| Street Address  |                    |  | Street Address                     |                    |                     |
| City  | State              | Zip  | City                               | State              | Zip                 |
| Director Name   |                    |  | Director Name                      |                    |                     |
| Street Address  |                    |  | Street Address                     |                    |                     |
| City  | State              | Zip  | City                               | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b> <input type="checkbox"/>  |                    |  |                                    |                    |                     |
| <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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           |
|   |                    | 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.

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

**FILED**

**FEB 12 2013**

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.

*Dave Huntoon*  
Signature of Authorized Representative

**01/17/2013**  
Date

**DAVE HUNTOON, CPA**

Print or Type Name of Authorized Representative

By *mne*  
*CH #1220*