



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. 155593		2. Exact name of the Corporation WILL, INC.			
3. Principal office address 18 BRISTOL AVENUE, APT. 4			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 437-3354		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island OPERATE A DELI					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WILLIAM M. DECOSTE			Vice-President Name THERESA M. DECOSTE		
Street Address 18 BRISTOL AVENUE, APT. 4			Street Address 18 BRISTOL AVENUE, APT. 4		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name THERESA M. DECOSTE			Treasurer Name WILLIAM M. DECOSTE		
Street Address 18 BRISTOL AVENUE, APT. 4			Street Address 18 BRISTOL AVENUE, APT. 4		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WILLIAM M. DECOSTE			Director Name THERESA M. DECOSTE		
Street Address 18 BRISTOL AVENUE, APT. 4			Street Address 18 BRISTOL AVENUE, APT. 4		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
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	COMON	NO PAR VALUE

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

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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 of Authorized Representative

Date

WILLIAM M. DECOSTE, President

Print or Type Name of Authorized Representative