



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. 000010922		2. Exact name of the Corporation W.K.T. CORPORATION			
3. Principal office address 40 LAKEVIEW ROAD			City LINCOLN	State RI	Zip 02865
4. Business Phone No 401-723-8152			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE OPERATORS/LESSORS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name FRANK J. TOOLE JR			Vice-President Name		
Street Address 40 LAKEVIEW RD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name FRANK J. TOOLE JR			Treasurer Name ANNE MARIE TOOLE		
Street Address 40 LAKEVIEW RD			Street Address 40 LAKEVIEW RD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name FRANK J. TOOLE JR			Director Name		
Street Address 40 LAKEVIEW RD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
389		CWP		\$100	

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

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

ANNE MARIE TOOLE

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

FILED 1051

MAY 13 2013

BY 02197120