

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

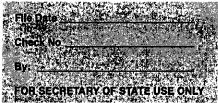
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

	T.T				
1. Entity ID No.	2. Exact name of the Corporation WAKEFIELD CORPORATION				
37945	WAKE	FIELD CORPORA	IION		
3. Principal office address 100 Lombardi Lane			City West Warwick	State RI	Zip 02893
4. Business Phone No. (401) 828-9215			5. State of Incorporation Rhode Island		
6. Brief description of the ch RESTAURANT WITH		s conducted in Rhode Island BEVERAGE LICENS		G BUSINESS	
ALISTRAKLIOFFICERS (I)	AMESANDADE	HESSES) (OXIS BOXIES); A	inggogial-uita - 0288	and the second second	
President Name Ronald Lombardi			Vice-President Name Richard Lombardi		
Street Address 61 Lombardi Lane			Street Address 37 Lisa Marie Circle		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Secretary Name Ronald Lombardi			Treasurer Name Richard Lombardi		
Street Address 61 Lombardi Lane			Street Address 37 Lisa Marie Circle		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
B/LIST ALEDIRECTORS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		\$ 500 PM
Director Name Ronald Lombardi			Director Name Richard Lombardi		
Street Address 61 Lombardi Lane			Street Address 37 Lisa Marie Circle		
City West Warwick	State RI	Zip 02893	City State Warwick RI		Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED			N O SHARES ISSUE	O ("X" BOX FOR ATTACH	MENT)
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
			200	Common	No Par
See Section 9 of Instruction This report must be execute	nd on behalf of the	corporation by an authorize			of a receiver or trustee,



Form No. 630 Revised: 01/2012

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

Ronald Lombardi

Print or Type Name of Authorized Representative

TILLI