



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 2014

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. 99905		2. Exact name of the Corporation WESSAHEAD, INC.			
3. Principal office address 445 BUDLONG ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-944-5080		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, MANAGE AND GENERALLY DEAL WITH ALL ASPECTS OF REAL ESTATE AND THE FINANCING THEREOF.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LOUIS E. BALDI			Vice-President Name BETTY A. SHEA		
Street Address 445 BUDLONG ROAD			Street Address 31 HARRISON AVENUE		
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02888
Secretary Name BETTY A. SHEA			Treasurer Name LOUIS E. BALDI		
Street Address 31 HARRISON AVENUE			Street Address 445 BUDLONG ROAD		
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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
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
			NONE		0

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

JUN 02 2014

BY 44544455

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.

Betty A. Shea 05/29/2014
 Signature of Authorized Representative Date

BETTY A. SHEA
 Print or Type Name of Authorized Representative