



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** 2010

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. <u>114653</u>		2. Exact name of the Corporation <u>Wendy Brown Co</u>			
3. Principal office address <u>183 Wayland Ave</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02906</u>
4. Business Phone No.		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Retail Shop</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Wendy Brown</u>			Vice-President Name		
Street Address <u>60 Pleasant St</u>			Street Address		
City <u>Rumford</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Wendy Brown</u>			Director Name		
Street Address <u>60 Pleasant St</u>			Street Address		
City <u>Rumford</u>	State <u>RI</u>	Zip <u>02906</u>	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
			<u>8000</u>		<u>\$1.00</u>

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**

**JUL 17 2014**

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.

Wendy Brown  
Signature of Authorized Representative

7/17/14  
Date

Wendy S Brown  
Print or Type Name of Authorized Representative

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