



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 2015

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. 487520		2. Exact name of the Corporation Long Wharf General Store, Ltd.			
3. Principal office address 19 Long Wharf Mall		City Newport	State RI	Zip 02840	
4. Business Phone No. (401) 849-1380		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Virginia L. Hinds			Vice-President Name Catherine Loughlin		
Street Address 6 Madeline Drive			Street Address 41 Top of the Mark		
City Newport	State RI	Zip 02840	City Jamestown	State RI	Zip 02835
Secretary Name Virginia L. Hinds			Treasurer Name Catherine Loughlin		
Street Address 6 Madeline Drive			Street Address 41 Top of the Mark		
City Newport	State RI	Zip 02840	City Jamestown	State RI	Zip 02835
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" 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 checked="" 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	
1,000				\$0.01/share	

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.

FILED
JAN 22 2015
Signature of Authorized Representative: Virginia L. Hinds Date: 1-19-15

Print or Type Name of Authorized Representative: Virginia L. Hinds