



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. 18501		2. Exact name of the Corporation THE WISHING WELL OF RI, INC				
3. Principal office address 45 KATAMA ROAD			City PROVIDENCE	State RI	Zip 02861	
4. Business Phone No. 434-4600			5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island BUY & SELL MERCHANDISE & CLOTHING, WEARING APPAREL & FURNISHINGS						
REGISTERED OFFICERS NAMES AND ADDRESSES (CHECK BOX FOR ATTACHMENT)						
President Name AARON WISHNEVSKY			Vice-President Name			
Street Address SAME			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
REGISTERED DIRECTORS NAMES AND ADDRESSES (CHECK BOX FOR ATTACHMENT)						
Director Name AARON WISHNEVSKY			Director Name			
Street Address SAME			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED						
NO SHARES ISSUED (CHECK BOX FOR ATTACHMENT)						
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 400	CLASS/SERIES COMMON	PAR VALUE NO PAR

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 CORPORATIONS DIV
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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.



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 23 2015
 Signature of Authorized Representative: Aaron Wishnevsky
 Date: 1/15/15
 Print or Type Name of Authorized Representative: AARON WISHNEVSKY, PRES

BY CM 240925