



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



Form No. 630
Revised: 01/2012

FILED
JAN 23 2015

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.

Aaron Wishnevsky
Signature of Authorized Representative

Date

1/15/15
AARON WISHNEVSKY, PRES
Print or Type Name of Authorized Representative

BY CM 240925

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CORPORATIONS DIV
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