



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. 106560		2. Exact name of the Corporation Wakefield Music Company			
3. Principal office address 58 Main Street		City Wakefield	State RI	Zip 02879	
4. Business Phone No. (401) 783-5390		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the buying and selling of musical instruments, new and used with the sale of musical supplies and materials.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dennis J. Costa			Vice-President Name Dennis J. Costa		
Street Address 31 Spencer Street			Street Address 31 Spencer Street		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Dennis J. Costa			Treasurer Name Dennis J. Costa		
Street Address 31 Spencer Street			Street Address 31 Spencer Street		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dennis J. Costa			Director Name None		
Street Address 31 Spencer Street			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Director Name None			Director Name None		
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
			100 Shares	Common	No Par Value

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

FEB 26 2015

BY 243220

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.

Signature of Authorized Representative

Dennis J. Costa, President

Print or Type Name of Authorized Representative

Date

2/20/15

2015 FEB 26 PM 12:10
SECRETARY OF STATE
CORPORATIONS DIV