

## 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.

1, Entity ID No.		2. Exact name of the Corporation				
127756	Wakef	Wakefield Stove and Fireplace, Inc.				
3. Principal office address 110 Pheasant Drive			City East Greenwic	sh State	Zip <b>02818</b>	
4. Business Phone No.			5. State of Incorporation Rhode Island			
<ol><li>Brief description of the cha</li></ol>				<del></del>	· · · · · · · · · · · · · · · · · · ·	
Marketing and distrib chapter.	ution of ind	ustrial and consume	products and all	other activities law	vful within this	
. UST <u>all</u> officers (na	MES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)	Alteración de la company		
President Name Robert A. Flynn, Jr.			Vice-President Name Robert A. Flynn, Jr.			
Street Address 110 Pheasant Drive			Street Address 110 Pheasant Drive			
City East Greenwich	State RI	Zip <b>02818</b>	City	State RI	Zip <b>02818</b>	
Secretary Name Robert A. Flynn, Jr.			Treasurer Name Robert A. Flynn, Jr.			
Street Address 110 Pheasant Drive			Street Address 110 Pheasant Drive			
City	State <b>RI</b>	Zip <b>02818</b>	City Cranston	State RI	Zip <b>02818</b>	
LIST <u>ALL</u> DIRECTORS (N	AMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)			
irector Name Robert A. Flynn, Jr.	77.1		Director Name	<del></del>	<u> 11 ko gilga kuntu 1 99 90 4 4 4 4 5 5 11999</u>	
treet Address 110 Pheasant Drive			Street Address			
ity East Greenwich	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip	
rector Name			Director Name			
reet Address		ļ <sup>ija</sup> . <sub>1</sub>	Street Address			
ty	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUEI	D ("X" BOX FOR ATTAC	HMENT	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filling. ee Section 9 of instruction sheet.			100	One Class	no par value	
his report must be executed	on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hand	s of a receiver or trustee,	
Baran Marta ar a a Mar	ed Mase Inc	st be executed on behalf of	Under penalty of p	erjury, I declare and affi	rm that I have examined	
ile Date heck No		FILE	and that all statem	ents contained herein a	chedules and statement re true and correct.	
		844D 0.5	My brof 1	9. Fr Ju	Hanch 3, 20 Date	
	EUSE AWY	MAR U 5	20 <b>35</b> gnature of Author <b>Robert A. Flyn</b>		Date	
OR SECRETARY OF STATI	E NAE ONLY	212		<u> </u>	-41	
m No. 630 vised: 01/2012		BY	rint or type Name	of Authorized Representa	ative	