



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** 2016

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. 164689C	2. Exact name of the Corporation Wild Wind Investment Group Co.		
3. Principal office address 152 Bears Den Rd.	City Tiverton	State Rhode Island	Zip 02878
4. Business Phone No. 508 674 6552	5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Clean Houses			

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

President Name Nancy Jones			Vice-President Name Nancy Jones		
Street Address 152 Bears Den Rd			Street Address 2345 Highland Ave		
City Tiverton	State R.I.	Zip 02878	City Fall River	State Ma.	Zip 02720
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

Director Name Nancy Jones			Director Name		
Street Address 152 Bears Den			Street Address		
City Tiverton	State Rhod I	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2015 DEC -3 PM 2:50  
 RECEIVED  
 DEPT OF REVENUE  
 TAX DIVISION

**9. SHARES AUTHORIZED**  **10. SHARES ISSUED ("X" 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	CLASS/SERIES	PAR VALUE
	0		

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.

**FILED**

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.

DEC 03 2015

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

Nancy Jones \_\_\_\_\_ Date  
 Signature of Authorized Representative  
Nancy Jones  
 Print or Type Name of Authorized Representative

BY Dr 262499