



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|--------------------|---|---|-------------------------------------|-----------------------------|
| 1. Corporate ID No 18049 | | 2. Name of Corporation William C Wilcox Inc | | | |
| 3. Street Address Principal Business Office 1 Brookdale Dr | | | City Ashaway | State RI | Zip 02804-1601 |
| 4. Business Phone No. 401-377-2479 | | 5. State of Incorporation RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Financial Services | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name William C Wilcox | | | Vice President Name | | |
| Street Address 1 Brookdale Dr | | | Street Address | | |
| City Ashaway | State RI | Zip 02804-1601 | City Ashaway | State RI | Zip 02804-1601 |
| Secretary Name Julia P Wilcox | | | Treasurer Name William C Wilcox | | |
| Street Address 1 Brookdale Dr | | | Street Address 1 Brookdale Dr | | |
| City Ashaway | State RI | Zip 02804-1601 | City Ashaway | State RI | Zip 02804-1601 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name William C Wilcox | | | Director Name | | |
| Street Address 1 Brookdale Dr | | | Street Address | | |
| City Ashaway | State RI | Zip 02804-1601 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED 1000 | | | 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. | | | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED | | |
| | | | Number of Shares 100 | Class/Series No Par Value | Par Value 1/15/16 |

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

JAN 04 2016

| | |
|---------------------------------|----------------|
| File Date | BY 1693 |
| Check No. | |
| By: | |
| FOR SECRETARY OF STATE USE ONLY | |

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.

William C. Wilcox 1/15/16
Signature Date

Print or Type Name
William C Wilcox

Title
President