



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 JUN -6 PM 3:30

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 01340580		2. Exact name of the Corporation Woodson, Wordsworth, Urey Corp.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Adv. Education, Med. & Health in Lib.	
5. Principal Office Address 26 Danby St		City Providence	State RI
		Zip 02904	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Wordsworth		Vice-President Name Mercedes Contwor	
Street Address 26 Danby St.		Street Address 26 Danby St	
City Prov.	State RI	City Prov.	State RI
Zip 02904		Zip 02904	
Secretary Name William Wordsworth		Treasurer Name J. Rodney Chesson	
Street Address 26 Danby Street		Street Address 26 Danby Street	
City Providence	State RI	City Prov.	State RI
Zip 02904		Zip 02904	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William Wordsworth		Director Name Mercedes Contwor	
Street Address 26 Danby St		Street Address 26 Danby St.	
City Prov.	State RI	City Prov.	State RI
Zip 02904		Zip 02904	
Director Name Eardene Wordsworth		Director Name Abby Woodson	
Street Address 26 Danby St		Street Address 26 Danby St.	
City Prov	State RI	City Prov	State RI
Zip 02904		Zip 02904	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative J. Rodney Chesson		Date 6/5/16	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>		SIGN DOCUMENT HERE	

FILED
 JUN 06 2016
 By 276011
 A.A.