



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>18554</b>		2. Exact name of the Corporation <b>Wolf Rock Company, Ltd.</b>			
3. Principal Office Address <b>P.O. Box 36</b>			City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>
4. NAICS Code <b>53 - Real Estate and Rental</b>		6. Brief description of the character of business conducted in Rhode Island <b>Land holding and sales</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mr. Robert Gates</b>			Vice-President Name		
Street Address <b>262 Silver Lake Avenue</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Mr. John C. Mauran</b>			Treasurer Name <b>Mr. William A. Mauran</b>		
Street Address <b>73 North Road</b>			Street Address <b>Wolf Rock Rd./1 Mauran Place</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Mr. William A. Mauran</b>			Director Name		
Street Address <b>Wolf Rock Rd./1 Mauran Place</b>			Street Address		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>600</b>	<b>Common</b>	<b>No par</b>
11. 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. <b>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.</b>					
Name of Authorized Representative <b>PAUL SARZA, CPA</b>				Date <b>1/11/17</b>	
Signature of Authorized Representative <i>Paul Sarza</i>				<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

JAN 13 2017

BY 18554  
 FORM 600 Revised 10/2016