

1. Corporate ID No

19049

3. Street Address Principal Business Office

A. Ralph Mollis, Secretary: of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.322.304C

William C Wilcox Inc

2. Name of Corporation

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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(e&d)) resubject to a penalty fee of \$25.00.

City

1 Brookdal	e Dr		Ashaway	RI	02804
4. Business Phinte No. 5. State of Incorporation					
401-377-2479 RI					
6. Brief Description of the Chamcier of	f Business Conducted in	Hhode Island			
Financial	Services	<u></u> .			· CHACKUPC
7. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTA	CHMENT) FILL IN S - Vice President Name	PACES BEFORE USING AT I	ACHMENIS
President Name			THE TIESDETT STATE		
William C Wilcox			: Street Address		
Sureet Address	o D∞		- Suttl Supress		
1 Brookdal	State	Zip	: City	State	Zip
Ashaway	RI	02804	:		
Secretary Name			; Treasurer Name		
Julia P Wilcox			William C Wilcox		
Street Address			Street Address		
1 Brookdale Dr			1 Brookdale Dr		
City	State	Zψ	City	State	Zip
Ashaway	RI	02804	Ashaway	RI	02804
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR ATT		SPACES BEFORE USING A	TTACHMENTS
Director Name			Director Name		
William C	Wilcox		:		
Street Address	- D-		Street Address		
1 Brookdal		72.	: City	State	Zip
<i>cin</i> Ashaway	Sinte RI	24 02804	; cay	, , , , , , , , , , , , , , , , , , ,	27
			Director Name		
Director Name			:		
			· Street Address		
Street Address					
City	State	Ziji	Cay	State	Zq.
			:		
9. SHARES AUTHORIZED	t .	•	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
1000			ISSUED SHARES — THIS SECTION MILEST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Suries	Par Value
State. Changes require an additional filing. See Section 9 of					
instruction sheet.			100	No Par Value	Common
			<u> </u>		<u> </u>
This report must be executed	on behalf of the co	rporation by an authorize	d representative. If the co	orporation is in the hands of	a receiver or trustee.
this report must be executed of	on behalf of the cor	poration by the receiver	or trustee.		
			A CONTRACTOR OF THE PARTY OF TH		PONCO PARA
	481		,		
	والمتعلق فليما والمتعارض و		Under penalty of po	erjury, I declare and affirm that l	
	- Company	¬ ~11 FD	including any accor	mpanying schedules and statem	ints, and that all statement
		FILE	continued hereinfar	í s	
File Dutc	8 3	FILED 17 2017	willed	em C. Wilcox	_1/4/17
	i N	INTICON	Signature		Date
Check No.			Willian	n C Wilcox	
		1 / /	Print on Plans Name		
By:	 		Preside	ent	
FOR SECRETARY OF STA	ATA USE ONLY	N	Tale		
	TIDESE ONCE	-	The same of the sa		Form 630 Rev. 08/08
			()		