



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 2017

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. 117582		2. Exact name of the Corporation Puddle Wonderful, Inc.			
3. Principal office address 451 Seapowet Avenue		City Tiverton	State RI	Zip 02878	
4. Business Phone No. 401-835-6263		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To make videos for nonprofit organizations.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Beth McCann Burnett			Vice-President Name Robin Dawson Burnett		
Street Address 451 Seapowet Avenue			Street Address 451 Seapowet Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Beth McCann Burnett			Treasurer Name Robin Dawson Burnett		
Street Address 451 Seapowet Avenue			Street Address 451 Seapowet Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Beth McCann Burnett			Director Name Robin Dawson Burnett		
Street Address 451 Seapowet Avenue			Street Address 451 Seapowet Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	NO PAR VALUE

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 10 2017

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.

Beth McCann Burnett
Signature of Authorized Representative

2/7/17
Date

Beth McCann Burnett

Print or Type Name of Authorized Representative

BY *763*
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