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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.	2. Exact name of the Corporation
40440	The Wallow Corporation

3. Principal office address	City	State	Zip
115 Willett Road	Saunderstown	RI	02874

4. Business Phone No.	5. State of Incorporation
401 667 2542	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To Own, Hold, Lease Mortagage and Improve Real Estate

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Edith Randall Williams	Virginia Scott Chapin-Sheff
Street Address: 1841 Hemlock Circle	Street Address: 115 Willett Road
City: Abington, State: PA, Zip: 19001	City: Saunderstown, State: RI, Zip: 02874
Secretary Name: John Chapin	Treasurer Name: Deborah Randall
Street Address: 72 Elm Street	Street Address: 141 S. Lakeview Boulevard
City: Holliston, State: MA, Zip: 01746	City: Chandler, State: AZ, Zip: 85225

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Julia Sharpe	Peter Randall
Street Address: P.O. Box 202	Street Address: 315 Whitemarsh Avenue
City: Saunderstown, State: RI, Zip: 02874	City: Flourtown, State: PA, Zip: 19031
Director Name: Scott Chapin	Director Name:
Street Address: 21 Blooming Place	Street Address:
City: Wakefield, State: RI, Zip: 02879	City: , State: , Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
144	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.

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.

2 21 2017
Signature of Authorized Representative — Date

Virginia Chapin-Sheff, Vice President
Print or Type Name of Authorized Representative

File Date: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY BY 2341

Form No. 630
Revised: 01/2012