RI SOS Filing Number: 201737377740 Date: 3/3/2017 4:00:00 PM

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	2. Exact name of the Corporation			
38132	**Wilkem Scientific Limited**			
3. Principal Office Address		City	State	Zip
248 Pine Street		**Pawtucket**	**RI**	**02860**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
42 - Wholesale Trade	**Wholesale sales of laboratory chemicals, supplies and equipment**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Frances A. Wilkie**			Vice-President Name **James K. Wilkie**		
Street Address **47 Elton Circle**			Street Address **47 Elton Circle**		
City **Cranston**	State **RI**	Zip **02921**	City **Cranston**	State **RI**	Zip **02921**
Secretary Name **James K. Wilkie**			Treasurer Name **Frances A. Wilkie**		
Street Address **47 Elton Circle**			Street Address **47 Elton Circle**		
City **Cranston**	State **RI**	Zip **02921**	City **Cranston**	State **RI**	Zip **02921**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **James K. Wilkie**			Director Name **Frances A. Wilkie**		
Street Address **47 Elton Circle**			Street Address **47 Elton Circle**		
City **Cranston**	State **RI**	Zip **02921**	City **Cranston**	State **RI**	Zip **02921**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**None**

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.

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.

Name of Authorized Representative	Date
Frances A. Wilkie, President	2/23/17

Signature of Authorized Representative: Frances A. Wilkie

FILED

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

MAR 03 2017
BY 198600

FORM 630 - Revised: 02/2017