



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 38132		2. Exact name of the Corporation Wilkem Scientific Limited			
3. Principal Office Address 248 Pine Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
			PAR VALUE		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 Frances A. Wilkie, President					Date 2/23/17
Signature of Authorized Representative <i>Frances A. Wilkie</i>					

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

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