RI SOS Filing Number: 201737402460 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 000792151 We-Keep-It-Local.com, Inc. 3. Principal Office Address City State Zip 17 Industrial Drive **Exeter** 02822 RI 4. NAICS Code Brief description of the character of business conducted in Rhode Island Website internet printed advertising ad design and placement advertising 31-33 - Manufacturing State of Incorporation List ALL officers (names and addresses) Check the box to indicate an attachment President Name Kevin Kelliher Vice-President Name Tammy Kelliher Street Address 32 Greenridge Court Street Address 32 Greenridge Court State RI State RI City West Greenwich Zip**02817** ^{City} West Greenwich ^{Zip} 02817 Secretary Name Kevin Kelliher Treasurer Name Tammy Kelliher Street Address 32 Greenridge Court Street Address 32 Greenridge Court State RI State RI ^{City} West Greenwich Zip 02817 Zip **02817** City West Greenwich 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Kevin Kelliher Director Name Street Address 32 Greenridge Court Street Address State RI City West Greenwich Zip 02817 City State Zip

Director Name Director Name Street Address Street Address State Zip City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 750 CNP \$ 0.00 Changes require an additional filing.

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.

Statements, and that all statements contained nerein are true and correct Name of Authorized Representative

Nume of Numerized Representative

Kevin Kelliher

Date

2/27/17

Signature of Authorized Representative

GIVE CONTRACT MAR D 2 20

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov