



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 107851		2. Exact name of the Corporation WICKFORD BOOKKEEPING SERVICES, INC.	
3. Principal Office Address 143 COUNTRY HILL LANE		City NORTH KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 81 - Other Services (except <input checked="" type="checkbox"/>)	6. Brief description of the character of business conducted in Rhode Island <i>TO engage in the business of general bookkeeping and the recording of financial transactions for various persons and businesses.</i>		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JENNIFER L. O'NEILL		Vice-President Name GREGG D. O'NEILL	
Street Address 143 COUNTRY HILL LANE		Street Address 143 COUNTRY HILL LANE	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name JENNIFER L. O'NEILL		Treasurer Name JENNIFER L. O'NEILL	
Street Address 143 COUNTRY HILL LANE		Street Address 143 COUNTRY HILL LANE	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		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 JENNIFER L. O'NEILL, PRESIDENT		Date 3/11/17	
Signature of Authorized Representative <i>Jennifer L. O'Neill</i>			

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

BY 2238

FORM 630 - Revised: 10/2016