



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 132295		2. Exact name of the Corporation WILBUR'S GENERAL STORE, INC.			
3. Principal Office Address The Commons			City LITTLE COMPTON	State RI	Zip 02837
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island GENERAL STORE <i>452990</i>			
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 MICHAEL J. PRITCHARD			Vice-President Name KAREN B. PRITCHARD		
Street Address 633 MAIN STREET			Street Address 633 MAIN STREET		
City HANOVER	State MA	Zip 02339	City HANOVER	State MA	Zip 02339
Secretary Name KAREN B. PRITCHARD			Treasurer Name MICHAEL J. PRITCHARD		
Street Address 633 MAIN STREET			Street Address 633 MAIN STREET		
City HANOVER	State MA	Zip 02339	City HANOVER	State MA	Zip 02339
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			600	COMMON	PAR
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. <i>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.</i>					
Name of Authorized Representative MICHAEL J. PRITCHARD					Date 9/24/2017
Signature of Authorized Representative 					

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

STATE DEPARTMENT OF REVENUE **FILED**

SEP 28 2017

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