



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 18501		2. Exact name of the Corporation THE WISHING WELL OF RI, INC.			
3. Principal Office Address 333 NEWPORT AVENUE			City RUMFORD	State RI	Zip 02916
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island RETAIL APPAREL & FURNISHINGS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AARON WISHNEVSKY			Vice-President Name		
Street Address 45 KATAMA ROAD			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AARON WISHNEVSKY			Director Name		
Street Address 45 KATAMA ROAD			Street Address		
City PAWTUCKET	State RI	Zip 02861	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	PAR VALUE
		400	COMMON	NO 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 AARON WISHNEVSKY					Date 12-15-2017
Signature of Authorized Representative <i>Aaron Wishnevsky</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

SIGN DOCUMENT HERE
DEC 19 2017
359105
CHECK PAYABLE TO
"RI DEPT OF STATE"