



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.

**FILED
 STAMP
 JAN 31 2018**

BY *[Signature]*

1. Entity ID Number 18751		2. Exact name of the Corporation Woodmansee's Gift Shop, Inc.			
3. Principal Office Address 27 Broad Street			City Westerly	State RI	Zip 02891
4. NAICS Code 452990		6. Brief description of the character of business conducted in Rhode Island Sale of Gifts, Boutique Clothing, Jewelry, Glass and Wooden Items.			
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 Joyce R. Ruisi			Vice-President Name Maria R. Lenihan		
Street Address 39 Captains Drive			Street Address 232 Shore Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Anna Maria Lenihan			Treasurer Name		
Street Address 232 Shore Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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		PAR VALUE
			1000	Common	No Par Value
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 Joyce S. Ruisi, President				Date 1/27/18	
Signature of Authorized Representative <i>Joyce S. Ruisi</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov