



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

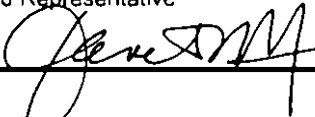
Annual Report for the year: **2018**
Corporation

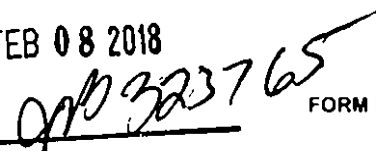
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 0062877		2. Exact name of the Corporation Wildlyn, Inc.			
3. Principal Office Address c/o Gravestar, Inc. 160 Second Street		City Cambridge		State MA	Zip 02142
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Real Estate Property Management			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Janet M. Corpus			Vice-President Name		
Street Address 7321 Boyer Street			Street Address		
City Philadelphia	State PA	Zip 19119	City	State	Zip
Secretary Name Janet M. Corpus			Treasurer Name Janet M. Corpus		
Street Address 7321 Boyer Street			Street Address 7321 Boyer Street		
City Philadelphia	State PA	Zip 19119	City Philadelphia	State PA	Zip 09119
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Janet M. Corpus			Director Name David T. Ting		
Street Address 7321 Boyer Street			Street Address 1 Wentworth Drive		
City Philadelphia	State PA	Zip 19119	City Southboro	State MA	Zip 01772
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			250 A Common \$100		
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 Janet M. Corpus, President					Date 2/5/18
Signature of Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov11:27 FEB 08 2018
BY  323765
FORM 630 - Revised: 10/2017