



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 <u>000092737</u>		2. Exact name of the Corporation <u>CATALPA LTD.</u>	
3. Principal Office Address <u>84 DUNDAS AVE.</u>		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02889</u>	
4. NAICS Code <u>61-ED SERVICES</u>	6. Brief description of the character of business conducted in Rhode Island <u>611710</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>THOMAS A. WILSON</u>		Vice-President Name	
Street Address <u>1231 SWAN LAKE DRIVE #203</u>		Street Address	
City <u>CHARLOTTESVILLE</u>	State <u>VA</u>	Zip <u>22902</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>THOMAS A. WILSON</u>		Director Name	
Street Address <u>1231 SWAN LAKE DR 203</u>		Street Address	
City <u>CHARLOTTESVILLE</u>	State <u>VA</u>	Zip <u>22902</u>	
Director Name		Director Name	
Street Address		Street Address	
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 <input type="checkbox"/>	
		NUMBER OF SHARES <u>0</u>	
		CLASS/SERIES <u>0</u>	
		PAR VALUE <u>0</u>	
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 <u>THOMAS A WILSON</u>		Date <u>2/21/2018</u>	
Signature of Authorized Representative <u>Thomas A Wilson</u>			

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

FEB 27 2018

BY 126 DS FORM 630 - Revised: 10/2017

FILED