

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

- → Filing period: January 1 March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.					P CS D		
1. Entity ID Number 91842	2. Exact name of the Cornoration. Wildred Equities Inz.				2: 2°		
3. Principal Office Address 669 EMWash Clure			PRO	Perce	State	2ip 02927	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island For Each Address Conducted in Rhode Island For Each Address Conducted in Rhode Island For Each Address Conducted in Rhode Island							
7. List ALL officers (names and ad	dresses)			Check	the box to indic	ate an attachment	
President Name ELSUE H- HO	Vice-President Name						
Street Address CIM Wood Cox			Street Address				
the holder	State	250)	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							
Director Marke H HSQUES IV			Director Name				
Street Address GMubol ave			Street Address				
City Flodiflere	State	2ip 01907	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue		Check	the box to indic	ate an attachment 🔲	
This information is currently of reco	ord in the	NUMBER OF S	HARES	CLASS/SERIES	5	PAR VALUE	
Department of State.		1000		SHC		0	
Changes require an additional filing).				<u> </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				FILED Date 11/15/18			
Signature of Authorized Representative SIGN DOCUMENT HERE NOV 1 5 2018							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

