



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

Annual Report for the year: **2019**
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

JAN 10 2019

BY

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1. Entity ID Number 000508543		2. Exact name of the Corporation The Wilder Companies, Ltd.			
3. Principal Office Address 800 Boylston St., Suite #1300			City Boston	State MA	Zip 02199
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island Real Estate Management and Leasing			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas V. Wilder			Vice-President Name Andrew T. LaGrega		
Street Address 800 Boylston St., Suite #1300			Street Address 800 Boylston St., Suite #1300		
City Boston	State MA	Zip 02199	City Boston	State MA	Zip 02199
Secretary Name			Treasurer Name David J. Mallen		
Street Address			Street Address 800 Boylston St., Suite #1300		
City	State	Zip	City Boston	State MA	Zip 02199
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas V. Wilder			Director Name Andrew T. LaGrega		
Street Address 800 Boylston St., Suite #1300			Street Address 800 Boylston St., Suite #1300		
City Boston	State MA	Zip 02199	City Boston	State MA	Zip 02199
Director Name David J. Mallen			Director Name		
Street Address 800 Boylston St., Suite #1300			Street Address		
City Boston	State MA	Zip 02199	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		
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 David J. Mallen				Date January 24, 2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	