



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

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 CORPORATION DIVISION
 2019 JAN 28 PM 3:05

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 001676493		2. Exact name of the Corporation Wolfe Realty Inc.			
3. Principal Office Address 180 Waterman Avenue Apt. 415			City North Providence	State RI	Zip 02911
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Wolfe Realty Inc. is a for profit company engaged in helping buyers purchase homes or sellers in selling their homes.			
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 Alacyn Wolfe			Vice-President Name None		
Street Address 180 Waterman Avenue Apt. 415			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name Alacyn Wolfe			Treasurer Name Alacyn Wolfe		
Street Address 180 Waterman Avenue Apt. 415			Street Address 180 Waterman Avenue Apt. 415		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alacyn Wolfe			Director Name		
Street Address 180 Waterman Avenue Apt. 415			Street Address		
City North Providence	State RI	Zip 02911	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
			100	CNP	0
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 Alacyn Wolfe				Date 1/22/19	
Signature of Authorized Representative <i>Alacyn Wolfe</i>				FILED	

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

FILED
 JAN 28 2019
 BY V9B576
A.A. 3:06pm

FORM 630 - Revised: 10/2017