

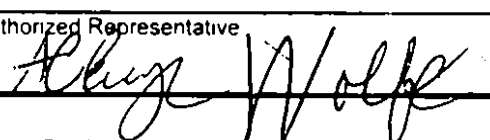


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

RECEIVED STATE  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
2019 JAN 28 PM 3:05

1. Entity ID Number <b>001676493</b>		2. Exact name of the Corporation <b>Wolfe Realty Inc.</b>			
3. Principal Office Address <b>180 Waterman Avenue Apt. 415</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>531210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Wolfe Realty Inc. is a for profit company engaged in helping buyers purchase homes or sellers in selling their homes.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Alacyn Wolfe</b>			Vice-President Name <b>None</b>		
Street Address <b>180 Waterman Avenue Apt. 415</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Secretary Name <b>Alacyn Wolfe</b>			Treasurer Name <b>Alacyn Wolfe</b>		
Street Address <b>180 Waterman Avenue Apt. 415</b>			Street Address <b>180 Waterman Avenue Apt. 415</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Alacyn Wolfe</b>			Director Name		
Street Address <b>180 Waterman Avenue Apt. 415</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Alacyn Wolfe</b>					Date <b>1/22/19</b>
Signature of Authorized Representative 					

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. 3:00pm** FORM 630 - Revised: 10/2017