State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 13 2019

BY 109 gol

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.

1. Entity ID Number	2. Exact name of the Corporation
1671627	B.E. Wolf, Inc.

3. Principal Office Address	City	State	Zip
4467 Post Road	Warwick	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541690	Consulting
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Brian E. Wolf			Vice-President Name:		
Street Address: 4467 Post Road			Street Address:		
City: Warwick	State: RI	Zip: 02818	City:	State:	Zip:
Secretary Name: Brian E. Wolf			Treasurer Name: Brian E. Wolf		
Street Address: 4467 Post Road			Street Address: 4467 Post Road		
City: Warwick	State: RI	Zip: 02818	City: Warwick	State: RI	Zip: 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Brian E. Wolf			Director Name:		
Street Address: 4467 Post Road			Street Address:		
City: Warwick	State: RI	Zip: 02818	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000	Common	No Par

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	Date
Brian E. Wolf	3.4.19

Signature of Authorized Representative: BEW

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

FORM 630 - Revised: 10/2017