



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 111095		2. Exact name of the Corporation Audrey A Wood, Inc.	
3. Principal office address 700 Aquidneck Avenue		City Middleton	State RI
4. Business Phone No. (508) 996-3852		5. State of Incorporation RI	
6. Nature of business conducted in Rhode Island (812112) Aesthetician			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Audrey A Wood		Vice-President Name Audrey A Wood	
Street Address 112 Willis Street		Street Address 112 Willis Street	
City New Bedford	State MA	Zip 02740	City New Bedford
Secretary Name Audrey A Wood		Treasurer Name Audrey A Wood	
Street Address 112 Willis Street		Street Address 112 Willis Street	
City New Bedford	State MA	Zip 02740	City New Bedford
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Audrey A Wood		Director Name	
Street Address 112 Willis Street		Street Address	
City New Bedford	State MA	Zip 02740	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		100 Shs	Common Stock
		PAR VALUE	No-Par

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.

FILED

APR 15 2019

3853

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

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