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. | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 111095 | Audrey A Wood, Inc. | | | |
| 3. Principal office address: 700 Aquidneck Avenue | | City: Middleton | State: RI | Zip: 02842 |
| 4. Business Phone No.: (508) 996-3852 | | 5. State of Incorporation: RI | | |
| 6. Brief [illegible] of business conducted in Rhode Island: (812112) Aesthetician | | | | |

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 | State: MA | Zip: 02740 |
| 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 | State: MA | Zip: 02740 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Audrey A Wood | | | Director Name | | |
| Street Address: 112 Willis Street | | | Street Address | | |
| City: New Bedford | State: MA | Zip: 02740 | 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 Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 Shs | Common Stock | 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

File Date _____
Check No _____
By: _____ BY
FOR SECRETARY OF STATE USE ONLY

**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: 4-11-19

Audrey A Wood — Date: 4-11-19
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012