STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
132225	Wilbur's General Store, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
The Commons		Little Compton	RI	02837
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
401-635-2357	Rhode Island			3210

7. Brief Description of the Character of Business Conducted in Rhode Island
a general store for the sale of general merchandise, inccluding groceries and related household and garden-supplies.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			*Vice President Name*		
Micchael J.Pritchard			Karen B. Pritcchard		
Street Address			*Street Address*		
633 main Street			633 Main Street		
City	*State*	*Zip*	*City*	*State*	*Zip*
Hanover	Massachcusett	02339	Hanover	Massacchcusett	02339
Secretary Name			*Treasurer Name*		
Karen B. Pritchard			Michael J.Pritchard		
Street Address			*Street Address*		
633 Main Street			633 Main Street		
City	*State*	*Zip*	*City*	*State*	*Zip*
Hanover	Massachcusett	02339	Hanover	Massachusetts	02339

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			*Director Name*		
No directors					
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600	Common	No par value	600	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

1 3 2 2 2 5

File Date	1/21/05
Check No.	3666
By:	DA

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.

Michael J. Pritchard 1/15/05
Signature of Officer *Date*

Michael J. Pritchard
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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AND PROVIDENCE PLANTATIONS
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Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
132225	Wilbur's General Store, Inc.			
3. Street Address Principal Business Office		City	State	Zip
The Commons		Little Compton	RI	02837
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-635-2357	RHODE ISLAND			3210

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT A GENERAL STORE FOR THE SALE OF GENERAL MERCHANDISE, INCLUDING GROCERIES AND RELATED HOUSEHOLD AND GARDEN PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Michael J. Pritchard	633 Main Street	Hanover	Ma.	02339

Vice President Name	Street Address	City	State	Zip
Karen B. Pritchard	633 Main St	Hanover	Ma	02339

Secretary Name	Street Address	City	State	Zip
Karen B. Pritchard	633 Main St.	Hanover	Ma.	02339

Treasurer Name	Street Address	City	State	Zip
Michael J. Pritchard	633 Main St.	Hanover	Ma.	02339

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			600	no par value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 1 3 2 2 2 5 [redacted]

132225 DBC 01/14/04 10:28:29 AM
File Date 2-3-04
Check No 3300
By: DL
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.

Michael J Pritchard 1/28/04
Signature of Officer *Date*

Michael J. Pritchard
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01