

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.



2020 JAN 30 PH 1: 18

| Entity ID Number  | lumber 2. Exact name of the Corporation |  |                                 |                            |                  |                           |  |
|---|---|--|---------------------------------|----------------------------|------------------|---------------------------|--|
| 000164689   |   | Wild wind investment group Co.   |                                 |                            |                  |                           |  |
| 3. Principal Office Address   | <u> </u>                                |  | City                            |                            | State            | Zip                       |  |
| 152 Bears Den Road  |   |  | Tiverton                        |                            | RI               | 02878                     |  |
| 4. NAICS Code   | 6 Brief desc                            | 6 Brief description of the character of business conducted in Rhode Island |                                 |                            |                  |                           |  |
| 814110  | Clean hous                              | Clean houses   |                                 |                            |                  |                           |  |
| 5. State of Incorporation   |   | ┥ !  |                                 |                            |                  |                           |  |
| Rhode Island  |   |  |                                 |                            |                  |                           |  |
| 7. List ALL officers (names and   | d addresses)                            |  |                                 | Chec                       | k the box to inc | dicate an attachment      |  |
| President Name Nancy Jones  |   |  | Vice-President Name Nancy Jones |                            |                  |                           |  |
| Street Address<br>152 Bears Den   | Street Address 152 Bears Den Road       |  |                                 |                            |                  |                           |  |
| <sup>City</sup> Tiverton  | State RI                                | Zip 02878  | City Tiverton                   |                            | State Rt         | <sup>Zıp</sup> 02878      |  |
| ecretary Name   |   |  | Treasurer Name                  |                            |                  |                           |  |
| Street Address  |   |  | Street Address                  |                            |                  |                           |  |
| City  | State                                   | Zıp  | City                            |                            | State            | Zıp                       |  |
| 8. List ALL directors (names ar   | nd addresses)                           | <u> </u>   | 1                               | Chec                       | k the box to in- | dicate an attachment      |  |
| Director Name Nancy Jones   |   |  | Director Name                   |                            |                  |                           |  |
| Street Address 152 Bears Den Road   |   |  | Street Address                  |                            |                  |                           |  |
| City Tiverton   | State RI                                | Zıp 02878  | City                            | <u></u>                    | State            | Zip                       |  |
| Director Name   |   |  | Director Name                   |                            |                  |                           |  |
| Street Address  |   |  | Street Address                  |                            |                  |                           |  |
|   |   |  |                                 |                            |                  |                           |  |
| City  | State                                   | Zip  | City                            |                            | State            | Ζφ                        |  |
| 9 Shares Authorized   | Shares Authorized 10. Share             |  |                                 |                            |                  |                           |  |
| This information is currently of record in the Department of State. Changes require an additional filing. |   | 100  |                                 |                            |                  | \$.01                     |  |
|   |   |  |                                 |                            |                  |                           |  |
| 11. This report must be execut  | ed on behalf of the                     | corporation by an  | authorized repres               | I<br>sentative If the corp | oration is in th | ne hands of a receiver or |  |
| trustee, this report must be ex-  | ecuted on behalf o                      | f the corporation by   | the receiver or tr              | rustee.                    |                  |                           |  |
| Under penalty of perjury, I destatements, and that all state  |   |  |                                 | ncluding any acco          | mpanying sc      | hedules and               |  |
| Name of Authorized Represen   |   | incidit bio trac at  |                                 |                            | Date             |                           |  |
| Nancy Jones /-28-2020   |   |  |                                 |                            |                  |                           |  |
| Signature of Authorized Representative FILED  |   |  |                                 |                            |                  |                           |  |
| your your   |   |  |                                 |                            |                  |                           |  |

MAIL TO:

Division of Business Savices

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