



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 18049		2. Name of Corporation William C. Wilcox, Inc.			
3. Street Address Principal Business Office 1 Brook Dale Dr			City Ashaway	State RI	Zip 02804-1601
4. Business Phone No. 401-377-2479		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William C Wilcox			Vice President Name		
Street Address 1 Brook Dale Dr			Street Address		
City Ashaway	State RI	Zip 02804-1601	City	State	Zip
Secretary Name Julia P Wilcox			Treasurer Name William C Wilcox		
Street Address 1 Brook Dale Dr			Street Address 1 Brook Dale Dr		
City Ashaway	State RI	Zip 02804-1601	City Ashaway	State RI	Zip 02804-1601
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William C Wilcox			Director Name		
Street Address 1 Brook Dale Dr			Street Address		
City Ashaway	State RI	Zip 02804-1601	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	No Par Value	None

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



File Date 1/5/05
Check No. 2699
By: W
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.

William C. Wilcox 1/2/05
Signature of Officer Date
William C Wilcox
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 18049		2. Name of Corporation William C. Wilcox, Inc.			
3. Street Address Principal Business Office 1 Brook Dale Dr			City Ashaway	State RI	Zip 02804-1601
4. Business Phone No. 401-377-2479		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William C Wilcox			Vice President Name		
Street Address 1 Brook Dale Dr			Street Address		
City Ashaway	State RI	Zip 02804-1601	City	State	Zip
Secretary Name Julia P Wilcox			Treasurer Name William C Wilcox		
Street Address 1 Brook Dale Dr			Street Address 1 Brook Dale Dr		
City Ashaway	State RI	Zip 02804-1601	City Ashaway	State RI	Zip 02804-1601
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William C Wilcox			Director Name		
Street Address 1 Brook Dale Dr			Street Address		
City Ashaway	State RI	Zip 02804-1601	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	No Par Value	None

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



* 1 8 0 4 9 *

File Date 1/14/04
Check No. 0205
By: ME
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.

William C. Wilcox 1/12/04
Signature of Officer Date
William C Wilcox
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **18049** 2. Name of Corporation **William C. Wilcox, Inc.**
3. Street Address Principal Business Office **1 Brook Dale Dr** City **Ashaway,** State **RI** Zip **02804-1601**
4. Business Phone No. **401-377-2479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island

Financial Services

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

President Name William C Wilcox	Vice President Name
Street Address 1 Brook Dale Dr	Street Address
City Ashaway State RI Zip 02804-1601	City State Zip
Secretary Name Julia P Wilcox	Treasurer Name William C Wilcox
Street Address 1 Brook Dale Dr	Street Address 1 Brook Dale Dr
City Ashaway State RI Zip 02804-1601	City Ashaway, State RI Zip 02804-1601

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

Director Name William C Wilcox	Director Name
Street Address 1 Brook Dale Dr	Street Address
City Ashaway, State RI Zip 02804-1601	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	No Par Value	NONE

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



* 1 8 0 4 9 *

File Date: 1-10-03
Check No.: 2540
By: [Signature]

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.

William C. Wilcox 1/9/03
Signature of Officer Date
William C Wilcox
Print or Type Name of Officer
President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **18049** 2. Name of Corporation **William C. Wilcox, Inc.**
3. Street Address Principal Business Office **1 Brook Dale Dr** City **Ashaway** State **RI** Zip **02804-1601**
4. Business Phone No. **401-377-2479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island

Financial Services

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

President Name William C Wilcox	Vice President Name
Street Address 1 Brook Dale Dr	Street Address
City Ashaway State RI Zip 02804-1601	City State Zip
Secretary Name Julia P Wilcox	Treasurer Name William C Wilcox
Street Address 1 Brook Dale Dr	Street Address 1 Brook Dale Dr
City Ashaway State RI Zip 02804-1601	City Ashaway State RI Zip 02804-1601

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

Director Name William C Wilcox	Director Name
Street Address 1 Brook Dale Dr	Street Address
City Ashaway State RI Zip 2804-1601	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 No Par Value NONE

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



* 1 8 0 4 9 *

File Date: 1-17-02
Check No.: 2450
By: [Signature]

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.

William C Wilcox 1/15/02
Signature of Officer Date

William C Wilcox
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **18049** 2. Name of Corporation **William C. Wilcox, Inc.**
3. Street Address Principal Business Office **1 Brook Dale Dr** City **Ashaway, RI** State **RI** Zip **02804**
4. Business Phone No. **401-377-2479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **X2800 6130**

7. Brief Description of the Character of Business Conducted in Rhode Island
Financial Services

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

President Name William C Wilcox	Vice President Name
Street Address 1 Brook Dale Dr	Street Address
City Ashaway State RI Zip 02804	City State Zip
Secretary Name Julia P Wilcox	Treasurer Name William C Wilcox
Street Address 1 Brook Dale Dr	Street Address 1 Brook Dale Dr
City Ashaway State RI Zip 02804	City Ashaway State RI Zip 02804

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

Director Name William C Wilcox	Director Name
Street Address 1 Brook Dale Dr	Street Address
City Ashaway State RI Zip 02804	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1000 NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	No Par Value	NONE

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



* 1 8 0 4 9 *

114

File Date: _____

2357

Check No.: _____

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.

William C Wilcox 1/2/01
Signature of Officer Date

William C Wilcox
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **18049** 2. Name of Corporation **William C. Wilcox, Inc.**
3. Street Address Principal Business Office **1 Brook Dale Drive** City **Ashaway** State **R. I.** Zip **02804**
4. Business Phone No. **401-377-2479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island

Financial Services

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

President Name William C. Wilcox Street Address 1 Brook Dale Dr City Ashaway State R.I. Zip 02804	Vice President Name Street Address City _____ State _____ Zip _____
Secretary Name Julia P. Wilcox Street Address 1 Brook Dale Dr City Ashaway State R.I. Zip 02804	Treasurer Name William C. Wilcox Street Address 1 Brook Dale Dr City Ashaway State R.I. Zip 02804

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

Director Name William C. Wilcox Street Address 1 Brook Dale Dr City Ashaway State R. I. Zip 02804	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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 No Par Value NONE

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



* 1 8 0 4 9 *

File Date: 1/6/00

Check No.: 2269

By: [Signature]

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.

William C. Wilcox 1/3/00
Signature of Officer Date

William C. Wilcox
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 18049		2. Name of Corporation William C. Wilcox, Inc.			
3. Street Address Principal Business Office 1 Brook Dale Drive			City Ashaway	State R. I.	Zip 02804
4. Business Phone No. 401-377-2479		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island Financial Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William C Wilcox			Vice President Name		
Street Address 1 Brook Dale Drive			Street Address		
City Ashaway	State R. I.	Zip 02804	City	State	Zip
Secretary Name Julia P Wilcox			Treasurer Name William C Wilcox		
Street Address 1 Brook Dale Drive			Street Address 1 Brook Dale Drive		
City Ashaway	State R. I.	Zip 02804	City Ashaway	State R. I.	Zip 02804
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William C Wilcox			Director Name		
Street Address 1 Brook Dale Drive			Street Address		
City Ashaway	State R. I.	Zip 02804	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VAL			100	No Par Value	NONE
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



File Date: 1.8.99
Check No.: 0176
By: WCP

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.

William C. Wilcox 1/4/99
Signature of Officer Date

William C Wilcox
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **18049** 2. Name of Corporation **William C. Wilcox, Inc.**
3. Street Address Principal Business Office **1 Brook Dale Dr** City **Ashaway, R.I.** State **R.I.** Zip **02804**
4. Business Phone No. **401-377-2479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island

Financial Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name William C Wilcox	Vice President Name
Street Address 1 Brook Dale Dr	Street Address
City State Zip Ashaway R.I. 02804	City State Zip
Secretary Name Julia P Wilcos	Treasurer Name William C Wilcox
Street Address 1 Brook Dale Dr	Street Address 1 Brook Dale Dr
City State Zip Ashaway, R.I. 02804	City State Zip Ashaway R.I. 02804

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name William C wilcox	Director Name
Street Address 1 Brook Dale Dr	Street Address
City State Zip Ashaway R.I. 02804	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 No Par Value NONE

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



1-13 98

File Date: _____
Check No.: **2074**
By: **WP**

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.

William C. Wilcox 1/12/98
Signature of Officer Date
William C Wilcox
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **18049** 2. Name of Corporation **William C. Wilcox, Inc.**

3. Street Address Principal Business Office **1 Brook Dale Dr** City **Ashaway** State **R.I.** Zip **02804**

4. Business Phone No. **401-377-2479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island

Financial Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name William C Wilcox	Vice President Name
Street Address 1 Brook Dale Dr	Street Address
City State Zip Ashaway R.I. 02804	City State Zip
Secretary Name Julia P Wilcox	Treasurer Name William C Wilcox
Street Address 1 Brook Dale Dr	Street Address 1 Brook Dale Dr
City State Zip Ashaway R.I. 02804	City State Zip Ashaway R.I. 02804

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name William C Wilcox	Director Name
Street Address 1 Brook Dale Dr	Street Address
City State Zip Ashaway R.I. 02804	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	NO PAR VAL		100	No Par Value	NONE

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



File Date: 1-22-97
Check No.: 1967
By: UP

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 Officer: William C Wilcox Date: 1/20/97
Print or Type Name of Officer: William C Wilcox
Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 18049		2. NAME OF CORPORATION William C. Wilcox, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1 Brook Dale Dr		CITY Ashaway	STATE R.I.	ZIP CODE 02804
4. BUSINESS PHONE NO. 401-377-2479		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7880

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Financial Services

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME William C Wilcox			VICE PRESIDENT NAME		
STREET ADDRESS 1 Brook Dale Dr			STREET ADDRESS		
CITY Ashaway	STATE R.I.	ZIP CODE 02804	CITY	STATE	ZIP CODE
SECRETARY NAME Julia P Wilcox			TREASURER NAME William C Wilcox		
STREET ADDRESS 1 Brook Dale Dr			STREET ADDRESS 1 Brook Dale Dr		
CITY Ashaway	STATE R.I.	ZIP CODE 02804	CITY Ashaway	STATE R.I.	ZIP CODE 02804

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME William C Wilcox			DIRECTOR NAME		
STREET ADDRESS 1 Brook Dale Dr			STREET ADDRESS		
CITY Ashaway	STATE R.I.	ZIP CODE 02804	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	NO PAR VAL		100	No Par Value	NONE

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

1/5/96
1845

Check No:

By:

CCW/co

For Secretary of State Use Only

William C. Wilcox
Signature of Officer

William C Wilcox
Print or Type Name of Officer

President
Title of Officer

1/2/96
Date



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0018049

1995

Corporate ID: _____ Annual Report for the year: _____
 William C. Wilcox, Inc.

Name of Corporation: _____

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office: _____

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1 Brook Dale Dr

Ashaway, R.I. 02804

Phone: 401) 377-2479

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Financial Services

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
William C Wilcox	1 Brook Dale Dr	Ashaway, R. I.	02804

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Julia P Wilcox	1 Brook Dale Dr	Ashaway, R. I.	02804

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
William C Wilcox	1 Brook Dale Dr	Ashaway, R. I.	02804

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
William C Wilcox	1 Brook Dale Dr	Ashaway, R.I.	02804

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	No Par Value	100	No Par Value

Date January 3, 19 95

By: William C. Wilcox
 William C. Wilcox

PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

Form 31 1995

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

WILLIAM C. WILCOX
 1 BROOK DALE DR.
 ASHAWAY RI 02804

FILED

JAN 4 1995

By DC Ch. 1697

1560 mnc

File Annually
L.I.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Filing Fee \$50.00
Payable to:
Secretary of State

1994

Corporate ID: 0018049 Annual Report for the year: 1994
William C. Wilcox, Inc.

Name of Business Entity: _____

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 377-2479

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1 Brook Dale Dr

Ashaway, R. I. 02804

Phone: (401) 377-2479

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

William C. Wilcox

1 Brook Dale Dr

Ashaway, R. I. 02804

Brief statement of the character of business conducted in Rhode Island:
Financial Services

Date of Organization: 10/1/83

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One)
NAME: William C. Wilcox STREET ADDRESS: 1 Brook Dale Dr CITY/STATE: Ashaway, R. I. ZIP CODE: 02804

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One)
 CUSTODIAN OF RECORDS OR SECRETARY (Check One)
NAME: Julia P Wilcox STREET ADDRESS: 1 Brook Dale Dr CITY/STATE: Ashaway, R. I. ZIP CODE: 02804

CHIEF FINANCIAL OFFICER OR TREASURER (Check One)
NAME: William C Wilcox STREET ADDRESS: 1 Brook Dale Dr CITY/STATE: Ashaway, R. I. ZIP CODE: 02804

THE NAMES OF THE DIRECTORS ARE:

NAME: William C Wilcox STREET ADDRESS: 1 Brook Dale Dr CITY/STATE: Ashaway, R. I. ZIP CODE: 02804

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 100
CLASS No Par Value	CLASS No Par Value
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value

January 22 19 94

By: William C. Wilcox

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

1419 JB
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018049 Annual Report for the year 1993

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Financial Services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1 Brook Dale Dr., Ashaway, R. I. 02804

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William C. Wilcox</u>	<u>Director</u>	<u>1 Brook Dale Dr., Ashaway, R. I. 02804</u>
	<u>Director</u>	
	<u>Director</u>	
<u>William C. Wilcox</u>	<u>President</u>	<u>1 Brook Dale Dr., Ashaway, R. I. 02804</u>
	<u>Vice President</u>	
<u>Julia P. Wilcox</u>	<u>Secretary</u>	<u>1 Brook Dale Dr., Ashaway, R. I. 02804</u>
<u>William C. Wilcox</u>	<u>Treasurer</u>	<u>1 Brook Dale Dr., Ashaway, R. I. 02804</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>1000</u>	<u>No Par Value</u>	

Par Value
or statement that
shares are without
par value

PAID

JAN 22 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>100</u>	<u>No Par Value</u>	

Par Value
or statement that
shares are without
par value

SECY OF STATE

Dated January 21 19 93

William C. Wilcox Inc.

(Name of Corporation)

By William C. Wilcox

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

ck. 1257
C.S. 41-72560

Corporate ID 0018049 Annual Report for the year 1992

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Financial Services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1 Brook Dale Drive, Ashaway, R. I. 02804

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
William C. Wilcox	Director	1 Brook Dale Dr., Ashaway, R. I. 02804
	Director	
	Director	
William C. Wilcox	President	1 Brook Dale Dr., Ashaway, R. I. 02804
	Vice President	
Julia P. Wilcox	Secretary	1 Brook Dale Dr., Ashaway, R. I. 02804
William C. Wilcox	Treasurer	1 Brook Dale Dr., Ashaway, R. I. 02804

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	No Par Value		

PAID

JAN 30 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	No Par Value		

SEC'Y OF STATE

Dated January 22 19 92

William C. Wilcox, Inc.
(Name of Corporation)

By William C. Wilcox

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

55

Corporate ID.....0018049..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....William C. Wilcox, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....financial services.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....1 Brook Dale Dr., Ashaway, R. I. 02804.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
William C. Wilcox	Director	1 Brook Dale Dr., Ashaway, R. I. 02804
	Director	
	Director	
William C. Wilcox	President	1 Brook Dale Dr., Ashaway, R. I. 02804
	Vice President	
Julia P. Wilcox	Secretary	1 Brook Dale Dr., Ashaway, R. I. 02804
William C. Wilcox	Treasurer	1 Brook Dale Dr., Ashaway, R. I. 02804

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
1000	No Par Value	

Par Value
or statement that
shares are without
par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
100	No Par Value	

Par Value
or statement that
shares are without
par value

PAID
JAN 13 1991
REC'D OF STATE

Dated.....1/14/91.....

WILLIAM C. WILCOX, INC.
(Name of Corporation)

By.....William C. Wilcox.....

Title President.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CZ

Corporate ID 0018049 Annual Report for the year 1990

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Financial Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1 Brook Dale Dr, Ashaway, RI 02804

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William C. Wilcox</u>	<u>Director</u>	<u>1 Brook Dale Dr, Ashaway, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>William C. Wilcox</u>	<u>President</u>	<u>1 Brook Dale Dr, Ashaway, RI</u>
	<u>Vice President</u>	
<u>Julia P. Wilcox</u>	<u>Secretary</u>	<u>1 Brook Dale Dr, Ashaway, RI</u>
<u>William C. Wilcox</u>	<u>Treasurer</u>	<u>1 Brook Dale Dr, Ashaway, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>NO PAR VALUE</u>	<u>PAID</u>	<u>PAID</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>NO PAR VALUE</u>		

Dated 1/29 1990 WILLIAM C. WILCOX INC
(Name of Corporation)

By William C. Wilcox
Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018049 Annual Report for the year 1989

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of _____

THIRD: Character of business, briefly stated, is Financial Services

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island _____

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William C. Wilcox</u>	Director	<u>1 Brook Dale Dr, Ashaway, R.I.</u>
_____	Director	_____
_____	Director	_____
<u>William C. Wilcox</u>	President	<u>1 Brook Dale Dr, Ashaway, R.I.</u>
_____	Vice President	_____
<u>Julia P. Wilcox</u>	Secretary	<u>1 Brook Dale Dr, Ashaway, R.I.</u>
<u>William C. Wilcox</u>	Treasurer	<u>1 Brook Dale Dr, Ashaway, R.I.</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>NO PAR VALUE</u>		PAID

FEB 6 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>NO PAR VALUE</u>		SECY OF STATE

Dated 1/26 1989 WILLIAM C WILCOX INC
(Name of Corporation)

By William C. Wilcox

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

1072

Corporate ID 18049 Annual Report for the year 1988

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Financial Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William C. Wilcox</u>	<u>Director</u>	<u>1 Brook Dale Dr. Ashaway, R.I.</u>
	<u>Director</u>	
	<u>Director</u>	
<u>William C. Wilcox</u>	<u>President</u>	<u>1 Brook Dale Dr. Ashaway, R.I.</u>
	<u>Vice President</u>	
<u>Julia P. Wilcox</u>	<u>Secretary</u>	<u>1 Brook Dale Dr. Ashaway, R.I.</u>
<u>William C. Wilcox</u>	<u>Treasurer</u>	<u>1 Brook Dale Dr. Ashaway, R.I.</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>NO PAR VALUE</u>	<u>PAID</u>	

EIGHTH: Number of Shares issued: FEB 20 1988

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>NO PAR VALUE</u>		

SECY OF STATE

Dated 2/17 1988 WILLIAM C. WILCOX INC
(Name of Corporation)

By William C. Wilcox

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18049 Annual Report for the year 1987

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Financial Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1 Brook Dale Dr, Ashaway, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William C. Wilcox</u>	Director	<u>1 Brook Dale Dr, Ashaway, RI</u>
	Director	
	Director	
<u>William C. Wilcox</u>	President	<u>1 Brook Dale Dr, Ashaway, RI</u>
	Vice President	
<u>Julia P. Wilcox</u>	Secretary	<u>1 Brook Dale Dr Ashaway, RI</u>
<u>William C. Wilcox</u>	Treasurer	<u>1 Brook Dale Dr, Ashaway, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>NO PAR VALUE</u>	<u>PAID</u>	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>NO PAR VALUE</u>		

JAN 30 1987
SECY OF STATE

JUN 19 1987

Dated 1/20 1987 WILLIAM C. WILCOX INC
(Name of Corporation)

By William C. Wilcox

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18049 Annual Report for the year 1986

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Financial Services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1 Brook Dale Dr. Ashaway, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William C. Wilcox</u>	<u>Director</u>	<u>1 Brook Dale Dr. Ashaway R.I.</u>
	<u>Director</u>	
	<u>Director</u>	
<u>William C. Wilcox</u>	<u>President</u>	<u>1 Brook Dale Dr. Ashaway R.I.</u>
	<u>Vice President</u>	
<u>Julia P. Wilcox</u>	<u>Secretary</u>	<u>1 Brook Dale Dr. Ashaway R.I.</u>
<u>William C. Wilcox</u>	<u>Treasurer</u>	<u>1 Brook Dale Dr. Ashaway R.I.</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>NO PAR</u>	<u>VALUE</u>	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>NO PAR</u>	<u>VALUE</u>	

01/23/86
PRINT

Dated 1/21 1986

FEB 22 1986

WILLIAM C. WILCOX
(Name of Corporation)

By: William C. Wilcox

Title: President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

RECEIVED MAR 1985

Corporate ID 18049

Annual Report for the year 1985

FIRST: The name of the corporation is William C. Wilcox, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is bookkeeping, financial & real estate services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1 Brook Dale Dr Ashaway RI 02904

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>William C. Wilcox</u>	Director	<u>1 Brook Dale Dr Ashaway RI</u>
	Director	
	Director	
<u>William C. Wilcox</u>	President	<u>1 Brook Dale Dr Ashaway RI</u>
	Vice President	
<u>Julia P. Wilcox</u>	Secretary	<u>1 Brook Dale Dr Ashaway RI</u>
<u>William C. Wilcox</u>	Treasurer	<u>1 Brook Dale Dr Ashaway RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>800</u>			<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			<u>no par value</u>

Dated 2/14 1985

William C. Wilcox Inc
(Name of Corporation)

By William C. Wilcox

Title President

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

18049 ✓

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year

FIRST: The name of the corporation is

WILLIAM C. WILCOX INC

SECOND: It is incorporated under the laws of

RHODE ISLAND

THIRD: Character of business, briefly stated, is

BOOKKEEPING + TAX PREPARATION

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1 BROOK DALE DR, ASHAWAY, R.I. 02804

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
WILLIAM C. WILCOX	Director	1 BROOK DALE DR, ASHAWAY, R.I.
	Director	
	Director	
WILLIAM C. WILCOX	President	1 BROOK DALE DR, ASHAWAY, R.I.
	Vice President	
JULIA P. WILCOX	Secretary	1 BROOK DALE DR, ASHAWAY, R.I.
WILLIAM C. WILCOX	Treasurer	1 BROOK DALE DR, ASHAWAY, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	NO PAR VALUE		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	NO PAR VALUE		

Dated: 10/9/84 WILLIAM C. WILCOX INC
(Name of Corporation)

By W.C. Wilcox

Title President

(Report must be signed by an officer)

OCT 17 1984
VK

PAID 11/11/84

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040