RI SOS Filing Number: 202071476720 Date: 11/2/2020 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1

1 Entity ID Number	2 Exact name of the Corporation
000018049	William C Wilcox, Inc.

3. Principal Office Address	City	State	Zip
1 Brookdale Dr	Ashaway	RI	02804

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
522320	Financial Services
5 State of Incorporation: RI	

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Julia P. Wilcox	
Street Address: 1 Brookdale Dr	Street Address
City: Ashaway / State: RI / Zip: 02804	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Julia P. Wilcox	
Street Address: 1 Brookdale 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

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	no par value

11. 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.

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.

Name of Authorized Representative	Date
Julia P. Wilcox	10-25-20

Signature of Authorized Representative: Julia P. Wilcox

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020