



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 05 2021

BY

Annual Report for the year: 2021

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 88027		2. Exact name of the Corporation MAPLEVILLE WILDLIFE, INC.			
3. Principal Office Address 200 Pheasant Drive			City Burrillville	State RI	Zip 02839
4. NAICS Code 114210		6. Brief description of the character of business conducted in Rhode Island Hunting, fishing, wildlife, nature			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Paula L. Gaebe			Vice-President Name		
Street Address 200 Pheasant Drive			Street Address		
City Burrillville	State RI	Zip 02839	City	State	Zip
Secretary Name Paula L. Gaebe			Treasurer Name Paula L. Gaebe		
Street Address 200 Pheasant Drive			Street Address 200 Pheasant Drive		
City Burrillville	State RI	Zip 02839	City Burrillville	State RI	Zip 02839
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			1000	Common	No Par
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 Paula L. Gaebe, President					Date 2-26-21
Signature of Authorized Representative <i>Paula L. Gaebe</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020