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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 07 2023
BY 30550

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation		
000017888	Wickford Appliance, Inc.		
3. Principal Office Address	City	State	Zip
8236 Post Road	North Kingstown	RI	02852
4. NAICS Code: 443141	6. Brief description of the character of business conducted in Rhode Island: Appliance sale and service		
5. State of Incorporation: Rhode Island			

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

President Name: Timothy P. Chaput			Vice-President Name: Timothy P. Chaput		
Street Address: 8236 Post Road			Street Address: 8236 Post Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Eileen Chaput			Treasurer Name: Timothy P. Chaput		
Street Address: 8236 Post Road			Street Address: 8236 Post Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name: Timothy P. Chaput			Director Name		
Street Address: 8236 Post Road			Street Address		
City: North Kingstown	State: RI	Zip: 02852	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
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
Timothy P. Chaput	2-17-23

Signature of Authorized Representative: Timothy P Chaput

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: 2/2023