



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSS
24 JAN 19 AM 11:37:01

Annual Report for the year: 2024
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 000018554		2. Exact name of the Corporation WOLF ROCK CO. LTD.			
3. Principal Office Address WOLF ROCK ROAD, MAURAN Plc. EXETER		City EXETER	State R.I.	Zip 02822	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island LAND HOLDING AND SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name WILLIAM MAURAN		Vice-President Name			
Street Address 1 MAURAN PLACE		Street Address			
City EXETER	State RI	Zip 02822	City	State	Zip
Secretary Name JOHN C. MAURAN		Treasurer Name			
Street Address 73 NORTH ROAD		Street Address			
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name WILLIAM MAURAN		Director Name			
Street Address SAME		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 <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		600	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				Date	
				1-12-24	
Signature of Authorized Representative <i>William J. Mauran</i> FILED					

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

FILED
JAN 19 2024
BY 128258750847
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