



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSO
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1. Entity ID Number 000018554		2. Exact name of the Corporation WOLF ROCK CO. LTD.			
3. Principal Office Address WOLF ROCK ROAD, 1 MAURAN PL. 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 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 <input type="checkbox"/>		
			NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE 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 					

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

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BY **128288750847**
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FORM 630- Revised. 12/2023