



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

MAR 07 2024

Corporation

BY 1226 OS

- 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 40440		2. Exact name of the Corporation The Wallow Corporation			
3. Principal Office Address 21 Blooming Place			City Wakefield	State RI	Zip 02879
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To Own, Hold, Lease Mortgage and Improve Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edith Randall Williams			Vice-President Name Julia Sharpe		
Street Address 602 Jennifer Drive			Street Address P.O. Box 202		
City Dresher	State PA	Zip 19025	City Saunderstown	State RI	Zip 02874
Secretary Name John Chapin			Treasurer Name Deborah Randall		
Street Address 72 Elm Street			Street Address 141 S. Lakeview Boulevard		
City Holliston	State MA	Zip 01746	City Chandler	State AZ	Zip 85225
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alexander Randall VI			Director Name Peter Randall		
Street Address Apt 5E, 20 Crooke Avenue			Street Address 315 Whitemarsh Drive		
City Brooklyn	State NY	Zip 11226	City Flourtown	State PA	Zip 19031
Director Name Jeremy Chapin			Director Name		
Street Address 93 Constant Lane			Street Address		
City Cotuit	State MA	Zip 02635	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
		144		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 Deborah Randall, Treasurer					Date 3/1/24
Signature of Authorized Representative 					

MAIL TO:
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