



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

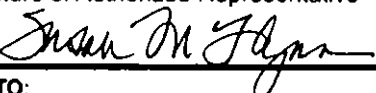
Corporation

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

FILED

MAY 02 2024

BY

1. Entity ID Number 34544		2. Exact name of the Corporation Wood River Industries, Inc.			
3. Principal Office Address 451 Kings Factory Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Real estate holding and excavation services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Francis X. Flynn			Vice-President Name Susan M. Flynn		
Street Address 451 Kings Factory Road			Street Address 451 Kings Factory Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Susan M. Flynn			Treasurer Name Susan M. Flynn		
Street Address 451 Kings Factory Road			Street Address 451 Kings Factory Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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		
			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. <u>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.</u>					
Name of Authorized Representative Susan M. Flynn					Date 4/28/2024
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