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State of Rhode Island
Department of State - Business Services Division

FILED
MAY 02 2024
BY

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	2. Exact name of the Corporation
34544	Wood River Industries, Inc.

3. Principal Office Address	City	State	Zip
451 Kings Factory Road	Charlestown	RI	02813

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238910	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	Vice-President Name
Francis X. Flynn	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		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
Susan M. Flynn	4/28/2024

Signature of Authorized Representative

Susan M Flynn

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: 12/2023