



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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <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 |
| | | 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 Susan M. Flynn | | | | Date 4/28/2024 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
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