



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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**

JAN 15 2025

BY [Signature]

1. Entity ID Number <b>000018554</b>		2. Exact name of the Corporation <b>WOLF ROCK COMPANY, LTD</b>			
3. Principal Office Address <b>WOLF ROCK RD, 1 MAURAN PLACE</b>			City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
4. NAICS Code <b>531300</b>		6. Brief description of the character of business conducted in Rhode Island <b>LAND HOLDING AND SALES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILLIAM MAURAN</b>			Vice-President Name		
Street Address <b>1 MAURAN PLACE</b>			Street Address		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
Secretary Name <b>ALICE FREED</b>			Treasurer Name		
Street Address <b>2625 C COMD OLIVER HAZARD PERRY HWY</b>			Street Address		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>WILLIAM MAURAN</b>			Director Name		
Street Address <b>SAME</b>			Street Address		
City	State <b>RI</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>600</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No PAR</b>
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 <b>WILLIAM MAURAN</b>				Date <b>7 JAN. 2025</b>	
Signature of Authorized Representative <u>[Signature]</u>					