



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 04 2025

Annual Report for the year:  
Benefit Profit Corporation

2025



BY 1002

- Filing period: within 120 days following the end of the fiscal year  
→ Filing Fee: \$60.00  
→ Penalty: Additional \$25.00 fee if form is not filed within 150 days of the fiscal year end.

1. Entity ID Number <b>001720918</b>		2. Exact name of the Corporation <b>Wicked Wheel Creations, Inc</b>			
3. Principal Office Address <b>99 Aaron Ave</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>315990</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Production and Sale of Sustainable produced clothing for medical professionals</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>Carly Reich</b>			Vice-President Name <b>Reuben Reich</b>		
Street Address <b>99 Aaron Ave</b>			Street Address <b>99 Aaron Ave</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>David Cruz</b>			Treasurer Name		
Street Address <b>75 Big Sky Dr.</b>			Street Address		
City <b>Red Lodge</b>	State <b>MT</b>	Zip <b>59068</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Carly Reich</b>			Director Name <b>Reuben Reich</b>		
Street Address <b>99 Aaron Ave</b>			Street Address <b>99 Aaron Ave</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
9. Shares Authorized  This information is currently of record in the Department of State. Changes require an additional filing.  Check if stock is publicly traded. <input type="checkbox"/>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>.</b>	PAR VALUE

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

11. The following provisions require a narrative description:

a. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created:

Wicked Wheel Creations continues to strive to produce and sell sustainably produced medical scrubs. ~~the~~ The corporation exists to create a product without any plastics and are biodegradable

b. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

The Corporation's values continue to be to create a product that doesn't harm the environment and is made and created by people that are paid a fair and living wages.

c. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

We continue to struggle to create a product that is free of plastics and that is financially affordable to our targeted consumer

d. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

The process has not be changed we use the standards established by The global "B" corporation standard

e. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:

The corporation continues to strive to keep and aspire to the strict standards of the "B" corporation global standard

f. Name and address of the Benefit Director: (Required if stock is publicly traded.)

g. Name and address of the Benefit Officer: (If not applicable, state "NONE.")

NONE

h. The statement of the benefit director described in subsection 7-5.3-8(c):

i. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:

There is no connection between the organization and the 3rd party standard

j. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:

The benefit corporation has not changed its leadership or board of directors

k. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.

12. 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.

13. *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

Carly Penh

Date

2/20/2025

Signature of Authorized Representative

