



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 14 AM 10:29:30Annual 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.

1. Entity ID Number 38132		2. Exact name of the Corporation Wilkem Scientific Limited			
3. Principal Office Address 20 Factory Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island Wholesale sales of laboratory, chemicals, supplies, and equipment.			
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 Frances A. Wilkie			Vice-President Name James K. Wilkie		
Street Address 47 Elton Circle			Street Address 47 Elton Circle		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name James K. Wilkie			Treasurer Name Frances A. Wilkie		
Street Address 47 Elton Circle			Street Address 47 Elton Circle		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frances A. Wilkie			Director Name James K. Wilkie		
Street Address 47 Elton Circle			Street Address 47 Elton Circle		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE None
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 Frances A. Wilkie, President				Date 3/27/25	
Signature of Authorized Representative 					

FILED

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

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