

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cord)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation The Wise Owl, Inc. 82447 3. Street Address Principal Business Office City Westerly 100 Main Street RI 02891

4. Business Phone No 5. State of Incorporation 401-348-9555 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island retail sales of toys and books President Name Vice President Name Elizabeth M. Metcalf Douglas A. Metcalf Street Address Street Address 29 Miner Street 29 Miner Street 02891 Westerly RI 02891 RI Westerly Treasurer Nan Secretary Nam none none Street Address Street Address City State 7.10 City State Ζip 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Elizabeth M. Metcalf Douglas A. Metcalf Street Address Street Address 29 Miner Street 29 Miner Street City State Zψ City State Ziр Westerly Westerly RI 02891 02891 Director Name Director Name none none Street Address Street Address City State Zip City State 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES -- THIS SECTION MUST BE COMPLETED Number of Shares This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of none instruction sheet.

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 a including any accompanying schedules
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	114210	Eliźabeth M. Metcalf Print or Type Name President
	FOR SECRETART OF STATE USE ONL!	Title

including any accompanying sche	and affirm that I have examined this report, dules and statements, and that all statements
contained herein are true and from	11 3 AVIA
Skan je	Date /
Elizabeth M. Metcalf	·
Print or Type Name	
President	
Title	