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State of Rhode Island

Department of State - Business Services Division

2022 APR 18 A 11:34

Annual Report for the year: 2022

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 0062877		2. Exact name of the Corporation Wildlyn, Inc.			
3. Principal Office Address c/o Gravestar, Inc. 160 Second Street			City Cambridge	State MA	Zip 02142
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Real Estate Ownership			
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 Janet M. Corpus			Vice-President Name		
Street Address 160 Second Street			Street Address		
City Cambridge	State MA	Zip 02142	City	State	Zip
Secretary Name Janet M. Corpus			Treasurer Name Janet M. Corpus		
Street Address 160 Second Street			Street Address 160 Second Street		
City Cambridge	State MA	Zip 02142	City Cambridge	State MA	Zip 02142
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Janet M. Corpus			Director Name David T. Ting		
Street Address 160 Second Street			Street Address 1 Wentworth Drive		
City Cambridge	State MA	Zip 02142	City Southboro	State MA	Zip 01772
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		PAR VALUE
			100	A Common	\$100
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 Janet M. Corpus, President				Date 4/11/22	
Signature of Authorized Representative <i>See attached</i>				FILED	

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

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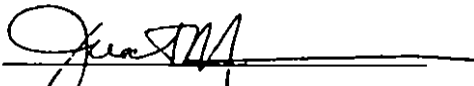
62877

SIGNATURE PAGE TO STATE OF SECRETARY OF STATE FORM

NAME OF CORPORATION: WILDLYN, INC., a Rhode Island corporation

SIGNATURE TO FORM:

Wildlyn, Inc., a Rhode Island corporation,

By: 
Janet M. Corpus
President and Secretary

DATE: April 11, 2022