



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 61493		2. Name of Corporation NEWMAN ASSOCIATES, Inc.			
3. Street Address Principal Business Office 80 HUDSON ROAD, SUITE 200			City CANTON	State MA	Zip 02021
4. Business Phone No. (781) 471 3113		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE DISTRIBUTOR OF PLUMBING SUPPLIES & PIPE SUPPORT SYSTEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HENRY D. NEWMAN, III			Vice President Name N/A		
Street Address 25 PONTIAC LANE			Street Address		
City FALMOUTH	State MA	Zip 02540	City	State	Zip
Secretary Name HENRY D. NEWMAN, III			Treasurer Name HENRY D. NEWMAN, III		
Street Address 25 PONTIAC LANE			Street Address 25 PONTIAC LANE		
City FALMOUTH	State MA	Zip 02540	City FALMOUTH	State MA	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name HENRY D. NEWMAN, III			Director Name NONE		
Street Address 25 PONTIAC LANE			Street Address		
City FALMOUTH	State MA	Zip 02540	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000	VOTING	NPV	20,000	VOTING	NPV
50,000	NON-VOTING	NPV			

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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.

Signature: [Signature] Date: 8/14/07
 Print or Type Name: Henry D. Newman
 Title: President / Owner

File Date: **FILED**
 Check No.: AUG 20 2007 9:55AM
 By: [Signature] 34620
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