



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 2008

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. 43886 | | 2. Name of Corporation Associated Professional Management, Inc. | | | |
| 3. Street Address Principal Business Office 100 SMITHFIELD AVENUE | | | City PAWTUCKET | State RI | Zip 02860 |
| 4. Business Phone No. 4017259666 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island ACQUIRE BY PURCHASE OR OTHERWISE ASSETS OF OTHER BUSINESSES FOR PURPOSES OF LEASING, SELLING OR OTHERWISE TRANSFERRING SAME | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name KIM M. HAVUNEN | | | Vice President Name ROBIN M. DOLAN | | |
| Street Address 445 RESERVOIR AVENUE | | | Street Address 18 MARIA STREET | | |
| City PASCOAG | State RI | Zip 02859 | City LINCOLN | State RI | Zip 02865 |
| Secretary Name ROBIN M. DOLAN | | | Treasurer Name KIM M. HAVUNEN | | |
| Street Address 18 MARIA STREET | | | Street Address 445 RESERVOIR AVENUE | | |
| City LINCOLN | State RI | Zip 02865 | City PASCOAG | State RI | Zip 02859 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name KIM M. HAVUNEN | | | Director Name ROBIN M. DOLAN | | |
| Street Address 445 RESERVOIR AVENUE | | | Street Address 18 MARIA STREET | | |
| City PASCOAG | State RI | Zip 02859 | City LINCOLN | State RI | Zip 02865 |
| Director Name | | | Director Name | | |
| 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 |
| 8,000 | \$1.00 PAR VALUE | | 2,000 | COMMON | \$1.00 |
| THIS SECTION MUST BE COMPLETED | | | THIS SECTION MUST BE COMPLETED | | |

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.

FILED

File Date: **JAN 28 2008**

Check No. **08 5226**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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] 1/25/08
Signature Date
Kim M. Havunen
Print or Type Name
President
Title