

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

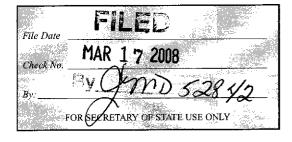
Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

## 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.

law (R.I.G.L. 7-1.2-1501(c&d)) is	subject to a penalty fee	e of \$25.00.			
1. Corporate ID No. 2. Name of Corporation 13869 H & W Associates, Inc.					
3. Street Address Principal Business Office 175 Hoffman Avenue (107)			City Cranston	State Rhode Island	<i>Zip</i> 02920
4. Business Phone No.  4 01 944-8788  5. State of Incorporation Rhode Islan			d		
6. Brief Description of the Character of Real Estate 7. NAMES AND ADDRESSES President Name Harvey Michaels			CHMENT) [ BILL IN SPACES Vice President Name Nancy Michaels	BEFORE USING ATTA	CHMENTS
Street Address 175 Hoffman Avenue (107)			Street Address 175 Hoffman Avenue (107)		
City Cranston Secretary Name Lynn Smith	State Rhode Island	<i>zi</i> р 02920	Cranston Cranston Treasurer Name Harvey Michael	State Rhode Island	Zip 02920
Street Address 175 Hoffman Avenue (107)			Street Address 175 Hoffman Avenue (107)		
8. NAMES AND ADDRESSES  Director Name	State Rhode Island OF THE DIRECTORS	Zip 02920 : ("X" BOX FOR ATTA	Director Name	State Rhode Island ES BEFORE USING AT	Zip 02920 TACHMENTS
Harvey Michaels  Street Address 175 Hoffman Avenue (107)			Lynn Smith  Street Address  175 Hoffman Avenue (107)		
City Cranston	State Rhode Island	Zip 02920	City Cranston	State Rhode Island	<i>Ζι</i> ρ 02920
Director Name Nancy Michaels			Director Name		
Street Address 175 Hoffman Avenue (107)			Street Address		
Cranston	State Rhode Island	<sup>Zip</sup> 0 2 9 2 0	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES			IQ. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No	300	Common COME	No
This report must be executed	on behalf of the corne	oration by an authorized	d representative. If the corpora	tion is in the hands of a	receiver or trustee.

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 Date 03-15-08

Harvey Michaels

Print or Type Name

Pres. & Treas.