



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.

1. Corporate ID No. 13869		2. Name of Corporation H & W Associates, Inc.			
3. Street Address Principal Business Office 175 Hoffman Avenue (107)			City Cranston	State Rhode Island	Zip 02920
4. Business Phone No. 401 944-8788		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Real Estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Harvey Michaels			Vice President Name Nancy Michaels		
Street Address 175 Hoffman Avenue (107)			Street Address 175 Hoffman Avenue (107)		
City Cranston	State Rhode Island	Zip 02920	City Cranston	State Rhode Island	Zip 02920
Secretary Name Lynn Smith			Treasurer Name Harvey Michaels		
Street Address 175 Hoffman Avenue (107)			Street Address 175 Hoffman Avenue (107)		
City Cranston	State Rhode Island	Zip 02920	City Cranston	State Rhode Island	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Harvey Michaels			Director Name Lynn Smith		
Street Address 175 Hoffman Avenue (107)			Street Address 175 Hoffman Avenue (107)		
City Cranston	State Rhode Island	Zip 02920	City Cranston	State Rhode Island	Zip 02920
Director Name Nancy Michaels			Director Name		
Street Address 175 Hoffman Avenue (107)			Street Address		
City Cranston	State Rhode Island	Zip 02920	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
600	Common	No	300	Common	No

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.

Harvey Michaels 03-15-08  
Signature Date

Harvey Michaels  
Print or Type Name

Pres. & Treas.

Title

**FILED**  
File Date  
**MAR 17 2008**  
Check No.  
By: JMD 52842  
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