



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. 7543 | | 2. Name of Corporation MARKARIAN & MEEHAN, LTD. | | | |
| 3. Street Address Principal Business Office 336 MAIN STREET | | | City WAKEFIELD | State RI | Zip 02879-7404 |
| 4. Business Phone No. 401-789-1037 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Accounting Firm | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name THOMAS W. MARKARIAN | | | Vice President Name JAMES P. MEEHAN | | |
| Street Address 746 EAST SHORE ROAD | | | Street Address 23 HILLCREST ROAD | | |
| City JAMESTOWN | State RI | Zip 02835 | City WAKEFIELD | State RI | Zip 02879 |
| Secretary Name THOMAS W. MARKARIAN | | | Treasurer Name THOMAS W. MARKARIAN | | |
| Street Address 746 EAST SHORE ROAD | | | Street Address 746 EAST SHORE ROAD | | |
| City JAMESTOWN | State RI | Zip 02835 | City JAMESTOWN | State RI | Zip 02835 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name THOMAS W. MARKARIAN | | | Director Name JAMES P. MEEHAN | | |
| Street Address 746 EAST SHORE ROAD | | | Street Address 23 HILLCREST ROAD | | |
| City JAMESTOWN | State RI | Zip 02835 | City WAKEFIELD | State RI | Zip 02879 |
| Director Name ROBERT L. PASQUAZZI | | | Director Name STEVEN J. ZAROOGIAN | | |
| Street Address 93 SOUTH BAY DRIVE | | | Street Address 9 MALLARD WAY | | |
| City NARRAGANSETT | State RI | Zip 02882 | City EAST GREENWICH | State RI | Zip 02818 |
| 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 |
| 10,000 | NO PAR VALUE | | 400 | COMMON | NO PAR VALUE |
| 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.

File Date **FILED**
Check No. **FEB 13 2008**
By: **3415 MME**
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.

Thomas W. Markarian 2/12/08
Signature Date
THOMAS W. MARKARIAN
Print or Type Name
PRESIDENT
Title

ATTACHMENT

RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT FOR 2008

Corporate ID: 7543

Name of Corporation: MARKARIAN & MEEHAN, LTD.

NAMES AND ADDRESSES OF THE OFFICERS

Additional Vice President Name -

STUART E. WOODARD
12 OAKWIND TERRACE
CRANSTON, RI 02920

NAMES AND ADDRESS OF THE DIRECTORS

STUART E. WOODARD
12 OAKWIND TERRACE
CRANSTON, RI 02920

FILED
FEB 13 2008
By 3415

RD # 7543