

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(c6d)) is subject to a trendity fee of \$25.00.

1. Corporate ID No.	2. Name of Corpo	ration			
142897	Haig Assoc	ciates, Inc.			
3. Street Address Principal Business Office 68 Haig Avenue			Seekonk	State MA	^{Zip} 02771
4. Business Phone No. 5. State of Incorporal (508) 838-8254 Rhode Island			ion		
6. Brief Description of the Charac To provide technology of					
7. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Thurston J. Hartford					
Street Address 68 Haig Avenue			Street Address		
City Seekonk	Siete MA	<i>Ζίρ</i> 02771	City	State	Zip
Secretary Name Susan E. Hartford			Treasurer Name Susan E. Hartford		
Street Address 68 Haig Avenue			Street Address 68 Haig Avenue		
	State	7/6	: City	State	205
Seekonk	MA	02771	Seekonk	MA	02771
	ES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) 🗌 FILL II	N SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
Thurston J. Hartford			Susan E. Hartford		
Street Address			Street Address		
68 Haig Avenue	State	716	: 68 Haig Avenue	State	7.5
Seekonk	MA	^{Zip} 02771	Seekonk	MA	^{Ζιρ} 02771
Director Name	JIVIA		Director Name	I IVIA	02//1
Director starte			isn'ecu, stame		
Street Address			Street Address		
ANTOOT TEMOTOGO			07700771807033		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	 	ATTACHMENT)	: 10. SHARES ISSUED	("X" BOX FOR ATTAC	 HMENT)
AUTHORIZED SHARES	•		ISSUED SHARES — THIS SE	CTION MUST BE COMPLETED)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 Common \$.01			1,000	Common	\$.01
				<u> </u>	
This report must be execut this report must be execut			orized representative. If the cover or trustee.	corporation is in the hand	s of a 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
File Date FILED	contained herein the fooding corner.
Check No APR 0 2008,	Signature V IDate Thurston J. Hartford
By: By 1500 SECRETARY OF STATE OF CALLY	Print or Type Name President
FOR SECRETARY OF STATE USE ONLY	Title