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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 2009

Filing Period: January 1 - March 1 [redacted] • **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.	2. Name of Corporation			
81657	Statistical Management, Inc.			
3. Street Address Principal Business Office		City	State	Zip
PO Box 9384		Providence	RI	02940
4. Business Phone No.	5. State of Incorporation			
401.864.1952	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Develope marketing and operational data capture instrumen.s and provide data entry, reports, databases and analysis of such information.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Biagio C Trofa			Elaine Trofa		
Street Address			Street Address		
261 Lexington Avenue			261 Lexington Avenue		
City	State	Zip	City	State	Zip
North Providence	RI	02904-3118	North Providence	RI	02904-3118
Secretary Name			Treasurer Name		
Biagio C Trofa			Biagio C Trofa		
Street Address			Street Address		
261 Lexington Avenue			261 Lexington Avenue		
City	State	Zip	City	State	Zip
North Providence	RI	02904-3118	North Providence	RI	02904-3118

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Biagio C Trofa			Elaine Trofa		
Street Address			Street Address		
261 Lexington Avenue			261 Lexington Avenue		
City	State	Zip	City	State	Zip
North Providence	RI	02904-3118	North Providence	RI	02904-3118
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200		No Par Value

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.

[redacted]

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.

Biagio C Trofa — 01/01/2009
Signature *Date*

Biagio C. Trofa
Print or Type Name

President
Title

[redacted]

File Date 1-5-09
Check No. 7425
By: MNC

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Form 630 Rev. 08/08