



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 ~~2009~~ • **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. 81657		2. Name of Corporation Statistical Management, Inc.			
3. Street Address Principal Business Office PO Box 9384			City Providence	State RI	Zip 02940
4. Business Phone No. 401.864.1952		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Develope marketing and operational data capture instrumer.is 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 Biagio C Trofa			Vice President Name Elaine Trofa		
Street Address 261 Lexington Avenue			Street Address 261 Lexington Avenue		
City North Providence	State RI	Zip 02904-3118	City North Providence	State RI	Zip 02904-3118
Secretary Name Biagio C Trofa			Treasurer Name Biagio C Trofa		
Street Address 261 Lexington Avenue			Street Address 261 Lexington Avenue		
City North Providence	State RI	Zip 02904-3118	City North Providence	State RI	Zip 02904-3118
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Biagio C Trofa			Director Name Elaine Trofa		
Street Address 261 Lexington Avenue			Street Address 261 Lexington Avenue		
City North Providence	State RI	Zip 02904-3118	City North Providence	State RI	Zip 02904-3118
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series	Par Value 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.

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

Signature: Biagio C. Trofa Date: 01/01/2009
Print or Type Name: Biagio C. Trofa
Title: President