



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 • **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. 144990		2. Name of Corporation Franchise Associates, Ltd.			
3. Street Address Principal Business Office 1800 Post Road, Suite 17G			City Warwick	State RI	Zip 02886
4. Business Phone No. (401)738-1321		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Franchising, Leasing Properties, Management Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pamela Jourabchi			Vice President Name Edward R. Carosi		
Street Address 4 White Birch Circle			Street Address 35 Rankin Avenue		
City Scituate	State RI	Zip 02831	City Providence	State RI	Zip 02908
Secretary Name Pamela Jourabchi			Treasurer Name Edward R. Carosi		
Street Address 4 White Birch Circle			Street Address 35 Rankin Avenue		
City Scituate	State RI	Zip 02831	City Providence	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 2,000 NO PAR VALUE			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
			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.

FILED
File Date
JAN 12 2009
Check No.
By 5735
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
Pamela Jourabchi
Date
1-6-09
Print or Type Name
President
Title