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(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
98418	S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANTS		
3. Street Address Principal Business Office	City	State	Zip
26 Albion Road	Lincoln	RI	02865-0000
4. Business Phone No.	5. State of Incorporation		
(401) 334-9099	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
Professional Services as Certified Public Accountants

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

President Name	Street Address	City	State	Zip
S. Peter Marcovich	26 Albion Road	Lincoln	RI	02865-

Vice President Name	Street Address	City	State	Zip
S. Peter Marcovich	26 Albion Road	Lincoln	RI	02865-

Secretary Name	Street Address	City	State	Zip
S. Peter Marcovich	26 Albion Road	Lincoln	RI	02865-

Treasurer Name	Street Address	City	State	Zip
S. Peter Marcovich	26 Albion Road	Lincoln	RI	02865-

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

Director Name	Street Address	City	State	Zip
S. Peter Marcovich	26 Albion Road	Lincoln	RI	02865-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

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
100	Common	No Par
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.

[redacted] [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.

Signature *Date* 01/05/09

S. Peter Marcovich
Print or Type Name

President
Title

[redacted]

FILED
File Date JAN 12 2009
Check No. 3496
By: By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08