



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. 39331		2. Name of Corporation THE THREE-TWENTY THREE ASSOCIATES INC.			
3. Street Address Principal Business Office 18 WARREN AVE		City MIDDLETOWN	State RI	Zip 02842	
4. Business Phone No. (401) 846-3906		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FRANCIS J. PARENTE SR.		Vice President Name NONE			
Street Address 18 WARREN AVE		Street Address			
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name FRANCIS J. PARENTE JR.		Treasurer Name FRANCIS J. PARENTE SR.			
Street Address 1200 BROAD ST		Street Address 18 WARREN AVE			
City PROVIDENCE	State RI	Zip 02905	City MIDDLETOWN	State RI	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		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 ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000	\$10.00 PAR VALUE			100	\$10.00

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 FEB 17 2009
Check No. By 515
By:

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 FRANCIS J. PARENTE Date 2/17/2009
Print or Type Name FRANCIS J. PARENTE
Title PRES; TREAS;