

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

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(cerd)) is

1. Corporate ID No.	2. Name of Corpor	ration	<u> </u>	<del></del>	
3. Street Address Principal Busine	E CH	O associa	tes, Inc	r	
4. Business Phone No.	129 4	181 (Westnut)	His Rd. Chepac	het State RI	zip ()2814
		5. State of Incorporation	T	<u></u>	
6. Brief Description of the Charact	ter of Business Conducte	d in Rhode Island	<u>+</u>	<u></u>	<del></del>
7. NAMES AND ADDRESS	( Uハンナ)	cuction, exc	avation		
7. NAMES AND ADDRESS President Name	- OF THE OFFICE	ERS: ( A" BOX FOR ATT	ACHMENT)   FILL IN S : Vice President Name	SPACES BEFORE USING A	TTACHMENTS
Street Address			Vincent E. Lepore, Jr.		
			Street Address		
City	State	Ζip	PO BOX	State	
Secretary Name			Che pache-	t MI RI	Zip 02814
			Treasurer Name	***************************************	
Street Address			Street Address		
Сиз	State	Zip			
0 200		1	City	State	Zip
8. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	ORS: ("X" BOX FOR AT	TACHMENT) 🛮 FILL IN	SPACES BEFORE USING	 \TTACHMENTS
VINCENT E. LeDore Fr.			Director Name Joan Leoce		
Street Address PO BOX 129			Street Address 147 Scenery Lane		
Chepachet	State 0-	Zip O Con (1	City	State 2	
Director Name	.]/\	102814	Johnston	RI	12402919
			Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address			Street Address		
City	State	Zip			
0.071.			City	State	Ζψ
9. SHARES AUTHORIZED		·	10. SHARES ISSUED ( ISSUED SHARES — THIS SECT	"X" BOX FOR ATTACHM	 ENT) [
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.			Number of Shares	Class/Series	Par Value
			300	parval	1.00
					1.00
This report must be executed this report must be executed or	on behalf of the co	rporation by an authorized	1 rangagantation TC-1		
this report must be executed of	on behalf of the cor	poration by the receiver o	r trustee.	poration is in the hands of	a receiver or trustee,
	<u> </u>		Under penalty of perjuling any accommo	ury, I declare and affirm that I	have examined this report
FILEL	•		contained herein are t	panying schedules and stateme rue and correct.	nts, and that all statements
FEB 24 20	109		Signature	Truff	02-19-09
Check No. By	71		Vincent		Date 7 C.
By:	<u> </u>		Print or Type Name	- CPU.C	10.
FOR SECRETARY OF STAT	TE USE ONLY		Directo	oc/ Vice Pr	esident