

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. Co. 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.I. 7-1.2-1501(e)d) is

subject to a penalty fee of \$25.00.	·				
1. Corporate ID No. 41931	2. Name of Corporation NATIONWIDE MANAGEMENT ASSOCIATES, INC				
3 Street Address Principal Business Office 222 Jefferson Boulevard			<sup>City</sup> Warwick	State RI	02888
4 Business Phone No. 401-739-1115  5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of Property Management Service	ces				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Roger Coutu, Jr.			Vice President Name Roger Coutu, Jr.		
Niver Address 222 Jefferson Boulevard			Street Address 222 Jefferson Boulevard		
сиг <b>Warwick</b>	State RI	7ip 02888	City Warwick	State RI	<sup>Ζφ</sup> 02888
Necretary Name Roger Coutu, Jr.			Roger Coutu, Jr.		
Street Address 222 Jefferson Boulevard			Street Address 222 Jefferson Boulevard		
City Warwick	State RI	<sup>Ζιρ</sup> <b>02888</b>	Warwick	State RI	<sup>Ζψ</sup> 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Roger Coutu, Jr.			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address 222 Jefferson Boulevard			Street Address		
<i>city</i> <b>Warwick</b>	State RI	<i>Ζψ</i> <b>02888</b>	Сиј	State	Zīp
Porector Name			Director Name		
Street Address			Street Address		
City	State	ZΨ	City	State	Zιp
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This is formation in compating	of record in the Offi	on of the Secretary of	Number of Shares	Class/Series	Par Value
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.			100	Common	None
			200	Common	None
This report must be executed this report must be executed or	on behalf of the corpon behalf of the corpo	oration by an authorize oration by the receiver	ed representative. If the co or trustee.	rporation is in the hanc	ts of a receiver or trustee,

this report must be executed on behalf of the corporation by the	
	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.
File Date	Signature Signature Date of
Check No. FEB 2 6 2009	Print or Type Name (11154)
FOR SECRETARY OF STATE USE ONLY	Title COR CHANGE
	Form 630 Rev. 08/0