

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,,,	8 , 8 ,	, , , , , ,		
1. Corporate ID No. 2. Name of Corporation 109616 1841 Associates					
3. Street Address Principal Business Office 1845 Smith Street			North Providence	State RI	^{Ζip} 02911
4. Business Phone No. 5. State of Incorpora RI		5. State of Incorporation RI			
6. Brief Description of the Character	of Business Conducted in R	bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Joseph Marwell, Jr			Vice President Name Joseph Marwell III		
Street Address 85 East Avenue			Street Address 69 East Avenue		
North Providence	State RI	^{Ζφ} 02911	City North Providence	State RI	^{Ζφ} 02911
Secretary Name Jeffrey Marwell			Treasurer Name Jeffrey Marwell		
Street Address 26 JFK Circle			Street Address 26 JFK Circle		
North Providence	State RI	^{Zip} 02911	City North Providence	State RI	^{Zip} 02911
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) [FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
Joseph Marwell, Jr.			Director Name Joseph Marwell III		
Street Address			Street Address		
85 East Avenue			69 East Avenue		
City North Providence	State RI	<i>Ζip</i> 02911	City North Providence	State RI	^{Ζφ} 02911
North Providence RI 02911			Director Name		
Jeffrey Marwell			in the state of th		
Street Address 26 JFK Circle			Street Address		
City North Providence	State RI	<i>Ζφ</i> 02911	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION	MUST BE COMPLETED	
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
			450		
=""		oration by an authorize	d representative. If the corpora	ation is in the hands of a	receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.

	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.
File Date	Jeffing Manuell 125/19
Check No	Signature JEFFREY MARWE!
By:MNC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	TREASURER
	Form 630 Rev. 08/08