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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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.	2. Name of Corporation
37888	NONQUIT BUILDING ASSOCIATES INC

3. Street Address Principal Business Office	City	State	Zip
4389 MAIN ROAD	TIVERTON	RI	02878

4. Business Phone No.	5. State of Incorporation
401-624-3047	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
CARPENTER / GENERAL CONTRACTOR

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

President Name	Street Address	City	State	Zip
EDWARD L. FISHER	4389 MAIN ROAD	TIVERTON	RI	02878

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
EDWARD L. FISHER	4389 MAIN ROAD	TIVERTON	RI	02878

Treasurer Name	Street Address	City	State	Zip
EDWARD L. FISHER	4389 MAIN ROAD	TIVERTON	RI	02878

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

Director Name	Street Address	City	State	Zip
EDWARD L. FISHER	4389 MAIN ROAD	TIVERTON	RI	02878

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE		

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]

FILED
File Date MAR 02 2009
Check No. By 5805
By:
30836-18-354643
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Edward L Fisher 2/27/09
Signature *Date*

EDWARD L. FISHER
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 12/05