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(c), 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)(4)) is subject to a penalty fee of $25.00.*

1. Corporate ID: 135732
2. Name of Corporation: Byron Associates, Inc.
3. Street Address Principal Business Office: 875 Centreville Rd. Bldg. 2 Ste. 06 | City: Warwick | State: RI | Zip: 02886
4. Business Phone No.: (401) 825-7717
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	Vice President Name
~~None~~ John H. Seraichyk	None
Street Address: 875 Centreville Rd	Street Address:
City: Warwick | State: RI | Zip: 02886	City: | State: | Zip:
Secretary Name: Samara Seraichyk	Treasurer Name:
Street Address: 875 Centreville Rd	Street Address:
City: Warwick | State: RI | Zip: 02886	City: | State: | Zip:

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

Director Name	Director Name
John H. Seraichyk	None
Street Address: 3 Dogwood Drive	Street Address:
City: Coventry | State: RI | Zip: 02816	City: | State: | Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: | State: | Zip:	City: | State: | Zip:

9. SHARES AUTHORIZED 0

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Name	Par Value
0 NMC		

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]

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: [signature] Date: 4/6/2009

Print or Type Name: John H. Seraichyk

[redacted] Title: Director

File Date: FILED
Check No:
APR 09 2009
By:
FOR SECRETARY OF STATE USE ONLY
By: [signature] 86265

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Form 630 Rev. 08/05