



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

A. Ralph Molits, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

**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.<br><u>17755</u>  |                       | 2. Name of Corporation<br>Whitman Associates, Inc. |   |                       |              |
| 3. Street Address Principal Business Office<br>33 Glen Hills Drive   |                       |  | City<br>Cranston  | State<br>Rhode Island | Zip<br>02920 |
| 4. Business Phone No.<br>401.942.1666  |                       | 5. State of Incorporation<br>Rhode Island          |   |                       |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Real Estate Development   |                       |  |   |                       |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                       |  |   |                       |              |
| President Name<br>Gary Thomas Malloy   |                       |  | Vice President Name<br>Kevin Thomas Malloy                          |                       |              |
| Street Address<br>33 Glen Hills Drive  |                       |  | Street Address<br>33 Glen Hills Drive                               |                       |              |
| City<br>Cranston   | State<br>Rhode Island | Zip<br>02920                                       | City<br>Cranston  | State<br>Rhode Island | Zip<br>02920 |
| Secretary Name<br>N/A  |                       |  | Treasurer Name<br>N/A   |                       |              |
| Street Address   |                       |  | Street Address  |                       |              |
| City   | State                 | Zip  | City  | State                 | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                       |  |   |                       |              |
| Director Name<br>Gary Thomas Malloy  |                       |  | Director Name<br>Kevin Thomas Malloy                                |                       |              |
| Street Address<br>33 Glen Hills Drive  |                       |  | Street Address<br>33 Glen Hills Drive                               |                       |              |
| City<br>Cranston   | State<br>Rhode Island | Zip<br>02920                                       | City<br>Cranston  | State<br>Rhode Island | Zip<br>02920 |
| Director Name  |                       |  | Director Name   |                       |              |
| Street Address   |                       |  | Street Address  |                       |              |
| City   | State                 | Zip  | City  | State                 | Zip          |
| 9. SHARES AUTHORIZED   |                       |  |   |                       |              |
| 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. |                       |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                       |              |
|  |                       |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                       |              |
|  |                       |  | Number of Shares<br><u>None</u>                                     | Class/Series          | Par Value    |

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.

**FILED**

File Date \_\_\_\_\_

Check No. SEP 25 2009

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 9/25/09

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name  
President

Title \_\_\_\_\_