

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 2010 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Corporate ID No. 103605		2. Name of Corporation CSM Associates, Inc.				
3. Street Address Principal Bus 62 WASHINGTON S	reet Address Principal Business Office 2 WASHINGTON STREET			State RI	02840	
. Business Phone No. 5. State of Incorporation RHODE ISLAND						
5. Brief Description of the Cha TO OWN, DEVELOP A	AND MANAGE REA	LESTATE		The same part of the same of t	A TITUR A CONTRACTOR INTO	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Lyn Comfort			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
Street Address 62 Washington Street			Street Address			
спу Newport	State RI	02840	Cüy	State	Zip	
Secretary Name Jennifer Stewart			Treasurer Name Jennifer Stewart			
Street Address 26 Damon Street			Street Address 26 Damon Street			
cin Newport	State RI	^{Zip} 02840	Спу Newport	RI State	^{Zip} 02840	
B. NAMES AND ADDRE Director Name Lyn Comfort	ESSES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	ACHMENT) THE III Director Name Ian MacKechnie	N SPACES BEFORE USIN	G ATTACHMENT	
Street Address 62 Washington Street			Street Address 5 Russet Avenue			
Сіі) [.] Newport	State RI	2ip 02840	Сиу Middletown	State RI	^{Ζφ} 02842	
Director Name John Giffen Stewart			Director Name			
Street Address 26 Damon Street			Street Address			
<i>сиу</i> Newport	State RI	^{Zip} 02840	Сңу	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is cur	mently of record in t	he Office of the Secretary of	Number of Shares	Class/Sgries	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			150	Common	\$.01 Par	

FILED					
File Date	MAR 2 4 2010				
Check No By: _ BY	10800				
	SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affincluding any accompanying schedules an contained herein are true and correct.	irm that I have examined this report, d statements, and that all statements
Jemylar Steward	2/36/10
Signafure JENNIFER STEWART	Date [*]
Print or Type Name SECRETARY	
Tale	Form 630 Rev. 08/08