

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

2011

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Fiting 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 lane (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				
41578		R ASSOCIATES, IN	<u>C</u> .		
3. Street Address Principal Business Office 1515 Smith Street			North Providence	State RI	<i>Zip</i> 02911-0000
4. Business Phone No. 5. State of Incorporation					
(401) 247-2845 RI					
6. Brief Description of the Character dealing in real proper	ty				
	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	ES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Nicholas D. Iannuccilli			Paul C. Hessler, III		
Street Address 1515 Smith Street			Street Address 11 Spinnaker Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02911-	Barrington	RI	02806-
Secretary Name Paul C. Hessler, III			Treasurer Name Nicholas D. Iannuccilli		
Street Address			Street Address		
11 Spinnaker Drive State Zip			1515 Smith Street		
Barrington	RI	02806-	North Providence	State RI	Zφ 02911-
	OF THE DIRECTOR	RS: ("X" BOX FOR ATT	$(ACHMENT) \ igsqcup$ fill in spa	CES BEFORE USIN	G ATTACHMENTS
Director Name Nicholas D. Iannuccilli			Director Name Paul C. Hessler, III		
Street Address 1515 Smith Street			Street Address 11 Spinnaker Drive		
North Providence	State RI	Zip 02911-	City Barrington	State R1	Zip 02806-
Director Name None			Director Name none		
Street Address none			Street Address		
City State Zip			City State Zip		
none	none	none	none	none	none
9. SHARES AUTHORIZED	. 51		10. SHARES ISSUED ("X"		
441			ISSUED SHARES — THIS SECTION	and the first of the control of the	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			200	Common	No Par
					No.L Zi
This report must be executed	on behalf of the cor	poration by an authorize	d representative. If the corpor	ration is in the hand	s of a receiver or trustee
this report must be executed	on behalf of the corp	poration by the receiver	or trustee.		or or manage,
					1
		٠	Under penalty of perjury	, I declare and affirm	that I have examined this report
	5		including any accompan	ying schedules and sta	atements, and that all statement
contained herein are true and correct.					
File Date		1	Muco	Lecla	01/03/2011
FEB 11 2	011		Signature		Date
Check No.	<u>andre de la companya del companya del companya de la companya de </u>	Nicholas D. Iannuc	Nicholas D. Iannuccilli		
By 1011			Print or Type Name		
1311O LY			President		
FOR SECRETARY OF STA	ATE USE ONLY	_	Title		