



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000120389

2. Name of Corporation Loring Paige Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 222 FISHING COVE ROAD

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

4. Business Phone No.

4012947063

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

TO CONDUCT GENERALLY, THE BUSINESS OF CONSULTING TO MANUFACTURING
COMPANIES
REGARDING BUSINESS AND MANUFACTURING MANAGMENT

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title
Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JOAN P ORDWAY	9458 EAST MENLO CIRCLE MESA, AZ 85207 USA
SECRETARY	JOAN P ORDWAY	9458 EAST MENLO CIRCLE MESA, AZ 85207 USA
PRESIDENT	JOAN P ORDWAY	9458 E MENLO CIRCLE MESA, AZ 85207- USA
DIRECTOR	JOAN P ORDWAY	9458 EAST MENLO CIRCLE MESA, AZ 85207 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	100.00	0

9. 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.

Signed this 26 Day of February, 2011 at 7:24:43 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KATHRYN A. FRATE
Signature of Authorized Representative of the Corporation

RI
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2011 State of Rhode Island and Providence Plantations
All Rights Reserved