

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

2011

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. 1. 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(codd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 20576	2. Name of Corporation Marc H. Richman, Inc.				
3. Street Address Principal Business Office One Richmond Square			City Providence	State RI	<i>Ζψ</i> 02906
4. Business Phone No 401.751.9656 5. State of Incorporation Rhode Island					
6. Brief Description of the Character Engineering Consulting Ser	of Business Conducted in R VICES	hode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN :	SPACES BEFORE USING	ATTACHMENTS
Marc H. Richman					
Street Address One Richmond Square			Street Address		
City Providence	State RI	<i>Zip</i> 02906	Сйу	State	2ip
Secretary Name Marc H. Richman			Treasurer Name Marc H. Richman		
Street Address One Richmond Square			Street Address One Richmond Square		
City Providence	State RI	<sup>2ф</sup> 02906	City Providence	State RI	<i>Ζψ</i> 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name  Marc H. Richman			ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address One Richmond Square			Street Address		
City Providence	State RI	<i>гір</i> 02906	City	State	ZI COM
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	<b>6</b> 0 0
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT   SSUED SHARES — THIS SECTION MUST BE COMPLETED		
<del>-</del>			Number of Shares	Class/Sertes	Par Value
1,000 Shares \$1.00 par value			100	Common	\$1.00
This report must be executed this report must be executed or	on behalf of the corpo	FILED'S	or trustee.  Under penalty of p	erjury, I declare and affirm	that I have examined this report
File Date  Check No.	oy_	R 02 2011	including any accordance herein a	ompanying schedules and state true and correct.	atements, and that all statement    1
By:/38893 <b>.</b>			Mane H. Richman Print or Type Name		
FOR SECRETARY OF STA	TE USE ONLY		Title		