

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree Providence, RI 02904-261 401.222.304

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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

1. Corporate ID No. 36166	2. Name of Corporation ALLEN, DUQUETTE & ASSOCIATES, INC				
3. Street Address Principal Business 150 MAIN STREET	ress Principal Business Office N STREET			State RI	^{Zip} 02860
6. Business Phone No. 5. State of Incorporation RHODE ISLAND					
5. Brief Description of the Character CPA FIRM	r of Business Conducte	ed in Rhode Island			
7. NAMES AND ADDRESSE	S OF THE OFFIC	ERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN S	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	. 10	
GERALD O. DUQUETTE Street Address			ROBERT L. ALLEN, JR Street Address		
26A KING CHARLES COURT			38 TULLSON AVENUE		
City NORTH ATTLEBORO	State MA	^{Zip} 02760	City SEEKONK	State MA	^{Zip} 02771
Secretary Name GERALD O. DUQUETTE			Treasurer Name ROBERT L. ALLEN, JR		
Street Address 26A KING CHARLES COURT			Street Address 38 TULLSON AVENUE		
Oity NORTH ATTLEBORO	State MA	^{Zip} 02760	City SEEKONK	State MA	<i>Zip</i> 02771
3. NAMES AND ADDRESSE	S.OF.THE.DIREC	TORS: ("X" ROX FOR AT	ACHMENT) [FILL IN	SPACES BEFORE USING	G ATTACHMENTS
Director Name GERALD O. DUQUETTE			Director Name ROBERT L. ALLEN, JR		
Street Address			Street Address		
26A KING CHARLES COURT			38 TULLSON AVENUE		
City NORTH ATTLEBORO	State MA	^{Zip} 02760	City SEEKONK	State MA	^{Ζφ} 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZED	İ	1	10. SHARES ISSUED	("X" BOX FOR ATTACE	 HMRNT) □
100 *			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			200	COMMON	NO PAR
This report must be executed	d on behalf of the	corporation by an authorize	ed representative. If the co	orporation is in the hands	s of a receiver or trustee
this report must be executed	on behalf of the	corporation by the receiver	or trustee.	•	
# 17 m m m m m m m m m m m m m m m m m m	LEU			erjury, I declare and affirm t mpanying schedules and sta	
JAN	26 2012		contained herein ar	re true and correct.	1/2.112
File Date		_	Signature	Duquette	721/1 C
Check No.	924		GERALD O.	DUQUETTE	
10	• • •	-	Print or Type Name		

PRESIDENT

Title