RI SOS Filing Number: 201288793260 Date: 01/30/2012 4:00 PM

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

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 2012

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.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.*

1. Corporate ID No.	2. Name of Corporation
93342	NORCHRIS Associates, Inc.

3. Street Address Principal Business Office	City	State	Zip
PO Box 448	Slatersville	RI	02876

4. Business Phone No.	5. State of Incorporation
401-762-5699	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Technical Marketing Services, Consulting and other legal purpose

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Ronald H. Beaudoin	
Street Address	**Street Address**
295 Great Rd.	
City / State / Zip	**City / State / Zip**
North Smithfield / RI / 02896	
Secretary Name	**Treasurer Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Ronald H. Beaudoin	
Street Address	**Street Address**
205 Great Rd.	
City / State / Zip	**City / State / Zip**
North Smithfield / RI / 02896	
Director Name	**Director Name**
Christine A. Beaudoin	
Street Address	**Street Address**
205 Great Rd.	
City / State / Zip	**City / State / Zip**
North Smithfield / RI / 02896	

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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.

[redacted]

FILED
File Date JAN 30 2012
Check No. By MMC
By: 2798
FOR SECRETARY OF STATE USE ONLY
72596-26-719811

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ronald H. Beaudoin 1/20/12
Signature *Date*

Ronald H. Beaudoin 1/20/12
Print or Type Name

[redacted] President
Title

Form 630 Rev. 08/08