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. 3764	*2. Name of Corporation* Casi & Bessette, Inc.
3. Street Address Principal Business Office 592 Putnam Pike, Suite 6	*City* Greenville; *State* RI; *Zip* 02828
4. Business Phone No. 401-949-1040	*5. State of Incorporation* Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island Sale and distribution of manufacturer's equipment	

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

President Name Thomas Casey	*Vice President Name* Joan L. Casey
Street Address 120 Bluff Avenue	*Street Address* 120 Bluff Avenue
City Swansea; *State* MA; *Zip* 02777	*City* Swansea; *State* MA; *Zip* 02777
Secretary Name Thomas Casey	*Treasurer Name* Joan L. Casey
Street Address 120 Bluff Avenue	*Street Address* 120 Bluff Avenue
City Swansea; *State* MA; *Zip* 02777	*City* Swansea; *State* MA; *Zip* 02777

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

Director Name Thomas Casey	*Director Name* Joan L. Casey
Street Address 120 Bluff Avenue	*Street Address* 120 Bluff Avenue
City Swansea; *State* MA; *Zip* 02777	*City* Swansea; *State* MA; *Zip* 02777
Director Name None	*Director Name* None
Street Address	*Street Address*
City ; *State* ; *Zip*	*City* ; *State* ; *Zip*

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*
200	Common	No Par

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.

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.

✓ Joan L Casey ✓ 2/2/12
Signature *Date*

Joan L. Casey
Print or Type Name

Vice President
Title

FILED
File Date FEB 0 6 2012
Check No.
By: BY 1411
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