



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>109616</u>		2. Exact name of the Corporation <u>1841 ASSOCIATES</u>	
3. Principal office address <u>1845 Smith St.</u>		City <u>No Prov</u>	State <u>RI</u>
4. Business Phone No. <u>401-232-0090</u>		5. State of Incorporation	
6. Brief description of the character of business conducted in Rhode Island			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <u>Joseph MARWELL, JR</u>		Vice-President Name <u>Joseph MARWELL, III</u>	
Street Address <u>85 EAST AV.</u>		Street Address <u>69 EAST AV</u>	
City <u>No Prov</u>	State <u>RI</u>	Zip <u>02944</u>	City <u>No Prov</u>
Secretary Name <u>JEFFREY M. MARWELL</u>		Treasurer Name <u>JEFFREY MARWELL</u>	
Street Address <u>26 JFK Circle</u>		Street Address <u>26 JFK Circle</u>	
City <u>No. Prov.</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>No PRO.</u>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name <u>JEFFREY MARWELL</u>		Director Name <u>Joseph MARWELL</u>	
Street Address <u>26 JFK Circle</u>		Street Address <u>69 EAST AV</u>	
City <u>No Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>No Prov</u>
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
<b>9. SHARES AUTHORIZED</b>			
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.			
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
NUMBER OF SHARES <u>450</u>	CLASS/SERIES <u>-</u>	PAR VALUE <u>-</u>	

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 CORPORATIONS DIV  
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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.

**FILED**

MAR 28 2012

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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.

JEFFREY M. MARWELL  
 Signature of Authorized Representative

3-20-12  
 Date

JEFFREY M. MARWELL  
 Print or Type Name of Authorized Representative

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
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