



**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. <b>155117</b>		2. Exact name of the Corporation <b>F.H. Cann &amp; Associates, Inc.</b>			
3. Principal office address <b>1600 Osgood Street, Suite 2120</b>			City <b>North Andover</b>	State <b>MA</b>	Zip <b>01845</b>
4. Business Phone No. <b>978-725-6663</b>		5. State of Incorporation <b>Massachusetts</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Debt Collection</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Frank H. Cann, Jr.</b>			Vice-President Name <b>Sheri A. Traficante-Cann</b>		
Street Address <b>131 Druid Hill Road</b>			Street Address <b>131 Druid Hill Road</b>		
City <b>Methuen</b>	State <b>MA</b>	Zip <b>01844</b>	City <b>Methuen</b>	State <b>MA</b>	Zip <b>01844</b>
Secretary Name <b>Sheri A. Traficante-Cann</b>			Treasurer Name <b>Sheri A. Traficante-Cann</b>		
Street Address <b>131 Druid Hill Road</b>			Street Address <b>131 Druid Hill Road</b>		
City <b>Methuen</b>	State <b>MA</b>	Zip <b>01844</b>	City <b>Methuen</b>	State <b>MA</b>	Zip <b>01844</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Frank H. Cann, Jr.</b>			Director Name <b>Sheri A. Traficante-Cann</b>		
Street Address <b>131 Druid Hill Road</b>			Street Address <b>131 Druid Hill Road</b>		
City <b>Methuen</b>	State <b>MA</b>	Zip <b>01844</b>	City <b>Methuen</b>	State <b>MA</b>	Zip <b>01844</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			40000		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.

FILED  
 File Date **OCT 17 2012**  
 Check No \_\_\_\_\_  
 By: **BY** *18/222*  
**FOR SECRETARY OF STATE USE ONLY**

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.

*Frank H. Cann, Jr.* **10/17/2012**  
 Signature of Authorized Representative Date  
**Frank H. Cann, Jr.**  
 Print or Type Name of Authorized Representative