



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

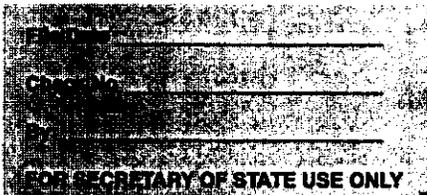
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 36166		2. Exact name of the Corporation ALLEN, DUQUETTE & ASSOCIATES, INC			
3. Principal office address 150 MAIN STREET			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-724-9114			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island CPA FIRM					
7. LIST ALL OFFICERS AND ADDRESSES					
President Name GERALD O DUQUETTE			Vice-President Name ROBERT L. ALLEN, JR		
Street Address 26a KING CHARLES COURT			Street Address 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		
City NORTH ATTLEBORO	State MA	Zip 02760	City SEEKONK	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X) BOX FOR ATTACHMENT					
Director Name GERALD O DUQUETTE			Director Name ROBERT L. ALLEN, JR		
Street Address 26a KING CHARLES COURT			Street Address 38 TULLSON AVENUE		
City NORTH ATTLEBORO	State MA	Zip 02760	City SEEKONK	State MA	Zip 02771
Director Name			Director Name		
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					
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.



FILED

JAN 09 2013

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.

Gerald O Duquette 1/2/13
 Signature of Authorized Representative Date

GERALD O DUQUETTE

Print or Type Name of Authorized Representative

By *MNC*

Ch # 12359