



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. 57755		2. Exact name of the Corporation DORSET ASSOCIATES, INC			
3. Principal office address 14 BEDFORD RD.			City PAWTUCKET	State R.I.	Zip 02860
4. Business Phone No. 401-726-5863			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MERRILL PERCELA, PRES. & DIR			Vice-President Name SHEELA PERCELA - VICE PRES & DIR		
Street Address 14 BEDFORD ROAD			Street Address 14 BEDFORD RD.		
City PAWTUCKET	State R.I.	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name MELVIN ZURIER			Treasurer Name MERRILL PERCELA		
Street Address 1 PARK ROW			Street Address 14 BEDFORD RD.		
City PROVIDENCE	State RI	Zip 02903	City PAWTUCKET	State R.I.	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MERRILL PERCELA, DIR			Director Name MELVIN ZURIER		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
Director Name SHEELA PERCELA			Director Name		
Street Address SEE ABOVE			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
			100	COMMON	NO PAR VALUE

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 _____

Check No _____

By: _____

JAN 17 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.

Merrill Perceley PRES 12/19/12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

By *AMC*
CA # 1362

MERRILL PERCELA
 Print or Type Name of Authorized Representative