



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. 3876		2. Exact name of the Corporation Cascade Associates, Inc.						
3. Principal office address 500 High St., PO Box 637		City Pawtucket	State RI	Zip 02862				
4. Business Phone No. (401) 722-0626		5. State of Incorporation Rhode Island						
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 John A. Matta			Vice-President Name None					
Street Address 2933 Diamond Hill Rd.			Street Address					
City Cumberland	State RI	Zip 02864	City	State	Zip			
Secretary Name Clara Lavelle			Treasurer Name John A. Matta					
Street Address 500 Scott Rd.			Street Address 2933 Diamond Hill Rd.					
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name John A. Matta			Director Name None					
Street Address 2933 Diamond Hill Rd.			Street Address					
City Cumberland	State RI	Zip 02864	City	State	Zip			
Director Name None			Director Name None					
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
						810	Common	\$100

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: _____

FOR SECRETARY OF STATE USE ONLY

JAN 23 2013

BY **2958**

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.

John A. Matta
Signature of Authorized Representative

1/22/2013
Date

John A. Matta

Print or Type Name of Authorized Representative