



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. 58731		2. Exact name of the Corporation Marchwicki Associates, Inc.			
3. Principal office address 222 Chestnut Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-421-2500		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Financial consulting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward J. Marchwicki, Jr.			Vice-President Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
Secretary Name Edward J. Marchwicki, Jr.			Treasurer Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edward J. Marchwicki, Jr.			Director Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
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
			600	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.

File Date _____
 Check No _____
 By: _____

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.

FILED

Signature of Authorized Representative

01/19/2013

Date

FOR SECRETARY OF STATE USE ONLY

Lorraine C. Slaney

Print or Type Name of Authorized Representative

JAN 23 2013

BY 8986