



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. 52828		2. Exact name of the Corporation RVS ASSOCIATES, INC.		
3. Principal office address 365 CHARLES STREET		City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. (401) 521-5333		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name RICHARD V. SHAPPY		Vice-President Name NONE		
Street Address 365 CHARLES STREET		Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State RI
Secretary Name RICHARD V. SHAPPY		Treasurer Name RICHARD V. SHAPPY		
Street Address 365 CHARLES STREET		Street Address 365 CHARLES STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name RICHARD V. SHAPPY		Director Name		
Street Address 365 CHARLES STREET		Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State RI
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
		1000	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: _____
FOR SECRETARY OF STATE USE ONLY
 BY 02189900

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.

[Signature]
 Signature of Authorized Representative
RICHARD V. SHAPPY
 Print or Type Name of Authorized Representative

1-23-12
 Date