



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

JM

JAN 29 2013

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 43886		2. Name of Corporation Associated Professional Management, Inc.			
3. Street Address Principal Business Office 100 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 4017259666		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ACQUIRE BY PURCHASE OR OTHERWISE ASSETS OF OTHER BUSINESSES FOR PURPOSES OF LEASING, SELLING OR OTHERWISE TRANSFERRING SAME					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KIM M. HAVUNEN			Vice President Name ROBIN M. DOLAN		
Street Address 445 RESERVOIR AVENUE			Street Address 18 MARIA STREET		
City PASCOAG	State RI	Zip 02859	City LINCOLN	State RI	Zip 02865
Secretary Name ROBIN M. DOLAN			Treasurer Name KIM M. HAVUNEN		
Street Address 18 MARIA STREET			Street Address 445 RESERVOIR AVENUE		
City LINCOLN	State RI	Zip 02865	City PASCOAG	State RI	Zip 02859
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KIM M. HAVUNEN			Director Name ROBIN M. DOLAN		
Street Address 445 RESERVOIR AVENUE			Street Address 18 MARIA STREET		
City PASCOAG	State RI	Zip 02859	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		2,000	COMMON	\$1.00

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 **FEB 25 2013**

Check No. \_\_\_\_\_

By: [Signature]

By: [Signature] # 5839

FOR SECRETARY OF STATE USE ONLY

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] 2/21/13  
Signature Date

Kim M. Havunen  
Print or Type Name

President  
Title