



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. 535730		2. Exact name of the Corporation DISASTER ASSOCIATES, INC.			
3. Principal office address 100 MAPLE STREET, BUILDING A			City STONEHAM	State MA	Zip 02180
4. Business Phone No. 781-438-6033			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island DISASTER RESTORATION (FLOOD)					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (EX. BOX FOR ATTACHMENT)					
President Name CHRISTOPHER CAREY			Vice-President Name DANIEL NOYES		
Street Address 476 MAIN STREET			Street Address 5 Callaway Drive		
City WOBURN	State MA	Zip 01801	City Middleton	State MA	Zip 01949
Secretary Name N/A			Treasurer Name DANIEL NOYES		
Street Address			Street Address 43 O'HEIR WAY		
City	State	Zip	City LOWELL	State MA	Zip 01852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (EX. BOX FOR ATTACHMENT)					
Director Name DANIEL NOYES			Director Name CHRISTOPHER CAREY		
Street Address 5 Callaway Drive			Street Address 476 MAIN STREET		
City Middleton	State MA	Zip 01949	City WOBURN	State MA	Zip 01801
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (EX. BOX FOR ATTACHMENT)		
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
			0		

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

MAR 11 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.

Daniel Noyes 1/14/13
 Signature of Authorized Representative Date

DANIEL NOYES, VICE-PRESIDENT/TREASURER

Print or Type Name of Authorized Representative

By *MME*
CA #24611