



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. 3432		2. Exact name of the Corporation Cambridge Associates, Inc			
3. Principal office address 211 Atlantic Ave.			City Providence	State RI	Zip 02907
4. Business Phone No. 401 885-7421		5. State of Incorporation R-I			
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 Abraham Konoff			Vice-President Name		
Street Address 211 Atlantic Ave			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name Abraham Konoff		
Street Address			Street Address 211 Atlantic Ave		
City	State	Zip	City Providence	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 shares no par value		

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 _____

FILED

Check No _____

By: _____

MAR 26 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.

Abraham Konoff Pres 12-27-12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY 16028

Abraham Konoff
 Print or Type Name of Authorized Representative