



**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 66647		2. Exact name of the Corporation Loeckler Associates, Inc			
3. Principal office address 27 Partridge Run			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401 364-2088			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Residential construction - remodeling and additions. (Some new)					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name Bruce P Loekler			Vice-President Name Katherine B Loekler		
Street Address 27 Partridge Run			Street Address 27 Partridge Run		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Katherine B Loekler			Treasurer Name Bruce P. Loekler		
Street Address 27 Partridge Run			Street Address 27 Partridge Run		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name Jeremy P Loekler			Director Name		
Street Address 29 Savin Street			Street Address		
City Dedham	State MA	Zip 02026	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			2	Common	- 0 -

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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 \_\_\_\_\_

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

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

APR-04-2013

BY

4418

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.

Katherine B Loekler  
 Signature of Authorized Representative

3/5/2013  
 Date

Katherine B Loekler  
 Print or Type Name of Authorized Representative