



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 2014

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. 7600		2. Exact name of the Corporation Markey & Asplund Inc.		
3. Principal office address 24A Ram Tail Road		City Foster	State RI	Zip 02825
4. Business Phone No. 401-647-5540		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Hand Bookbinding & Restoration				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Kenda Zimmerman Kenda Zimmerman		Vice-President Name Kenda Zimmerman		
Street Address 32 Old Danielson Pike		Street Address 32 Old Danielson Pike		
City Foster	State RI	Zip 02825	City Foster	State RI
Secretary Name Kenda Zimmerman		Treasurer Name Kenda Zimmerman		
Street Address 32 Old Danielson Pike		Street Address 32 Old Danielson Pike		
City Foster	State RI	Zip 02825	City Foster	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	City	State
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	City	State
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
		600.00	CNP	1

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 JAN 27 PM 2:35

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

FILED
 JAN 27 2014

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.
 Kenda Zimmerman 1-27-14
 Signature of Authorized Representative Date
 Kenda Zimmerman President
 Print or Type Name of Authorized Representative

A.A. 2:36p.m.