

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

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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****By 49-215687****A-A-2:35p.m.**

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