



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. 103605		2. Exact name of the Corporation CSM Associates, Inc.			
3. Principal office address 62 WASHINGTON STREET		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401-847-1136		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OWN, DEVELOP, AND MANAGE REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lyn Comfort			Vice-President Name		
Street Address 62 Washington Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Jennifer Stewart			Treasurer Name Jennifer Stewart		
Street Address 40 Mary Street			Street Address 40 Mary Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lyn Comfort			Director Name Ian MacKechnie		
Street Address 62 Washington Street			Street Address 5 Russet Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name John Giffen Stewart			Director Name		
Street Address 26 Damon Street			Street Address		
City Newport	State RI	Zip 02840	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
			150	Common	\$.01 Par

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 **MAR 21 2014**

Form No. 630
Revised: 01/2012

BY 11586

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.

Jennifer Stewart
Signature of Authorized Representative

11/7/14
Date

Jennifer Stewart

Print or Type Name of Authorized Representative