

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 2015 Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAI	LURE TO FILE T	HIS REPORT BY	MARCH 31 WILL RES	ULT IN A \$25.00 PEN	IALTY FEE.		
1. Entity ID No. 39812	2. Exact name of	the Corporation	ASSOCIATES	PC			
3. Principal office address			City		Zip		
79 WEST BAY	DR				02382		
4. Business Phone No. 401 783 - 83	7/		5. State of Incorporation	on			
6. Brief description of the charac	ter of business con	ducted in Rhode Islan	d				
Law Pract	4ce						
7/ LIST ALL OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR A	TTACHMENT)	and the second second	P. C. State of the		
President Name	resident Name (ARY 5. Vancini			Vice-President Name			
	weini		Same				
Street Address 79 WEST BA	y DR		Street Address				
19 WEST BA City NARRHGANSETT	State	Zip 01382	City	State	Zip		
Secretary Name			Treasurer Name				
Same			Same				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAM	ES AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)		Taking		
Director Name Same			Director Name				
Street Address	Street Address			Street Address			
City	State	Zip	City	State	Zip		
Director Name		<u> </u>	Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)		
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This information is currently of of State. Changes require an ad See Section 9 of instruction she	ditional filing.	ce of the Secretary	2500	2500	Nove		
This report must be executed on t	behalf of the corpo his report must be	ration by an authorize executed on behalf of	d representative. If the co the corporation by the red	l prporation is in the hand beiver or trustee.	s of a receiver or trustee,		
	The section of the se		-	4	m that I have examined		

uns report in	idat de executed dit denail di ti.	ie corporation by the receiver or trustee.	
File Date	FII ED <	Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedules and that all statements contained herein are true ar	s and statements.
Check No	LILED	The Prosident	3/2/15
By:FOR SECRETARY OF STATE USE ONLY	MAR 0 2 2015	Signature of Authorized Representative (ARC) 5. VANCINO	Date
Form No. 630 BY	Ca 243502	Print or Type Name of Authorized Representative	_

Revised: 01/2012