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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 2016

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.	2. Exact name of the Corporation
137011	CRONIN & ASSOCIATES INC

3. Principal office address	City	State	Zip
2352 MENDON RD	CUMBERLAND	RI	02864

4. Business Phone No.	5. State of Incorporation
401-658-0803	RI

6. Brief description of the character of business conducted in Rhode Island
TAX PREPARATION

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JOHN F CRONIN	1650 DOUGLAS AVE #2105	NO PROVIDENCE	RI	02904

Vice-President Name	Street Address	City	State	Zip
N/A				

Secretary Name	Street Address	City	State	Zip
MARY L CRONIN	1650 DOUGLAS AVE #2105	NO PROVIDENCE	RI	02904

Treasurer Name	Street Address	City	State	Zip
N/A				

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JOHN F CRONIN	1650 DOUGLAS AVE #2105	NO PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NONE

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
JAN 04 2016
BY 1622

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

John F. Cronin 01/04/16
Signature of Authorized Representative Date

JOHYN F CRONIN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

130655-57-1063455