



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 58731		2. Exact name of the Corporation Marchwicki Associates, Inc.			
3. Principal Office Address 222 Chestnut Street			City Providence	State RI	Zip 02903
4. NAICS Code 54 - Professional, Scientific, <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Financial consulting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward J. Marchwicki, Jr.			Vice-President Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
Secretary Name Edward J. Marchwicki, Jr.			Treasurer Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward J. Marchwicki, Jr.			Director Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		600	Common	No Par	
11. 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. 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.					
Name of Authorized Representative Lorraine C. Slaney				Date January 16, 2017	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 23 2017

FORM 630 - Revised: 10/2016

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