



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 <b>58731</b>	2. Exact name of the Corporation <b>Marchwicki Associates, Inc.</b>
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3. Principal Office Address <b>222 Chestnut Street</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
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4. NAICS Code <b>54 - Professional, Scientific,</b>	6. Brief description of the character of business conducted in Rhode Island <b>Financial consulting</b>
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5. State of Incorporation <b>Rhode Island</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name <b>Edward J. Marchwicki, Jr.</b>	Vice-President Name <b>Lorraine C. Slaney</b>
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Street Address <b>34 Katama Road</b>	Street Address <b>23 Royal Avenue</b>
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City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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Secretary Name <b>Edward J. Marchwicki, Jr.</b>	Treasurer Name <b>Lorraine C. Slaney</b>
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Street Address <b>34 Katama Road</b>	Street Address <b>23 Royal Avenue</b>
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City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name <b>Edward J. Marchwicki, Jr.</b>	Director Name <b>Lorraine C. Slaney</b>
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Street Address <b>34 Katama Road</b>	Street Address <b>23 Royal Avenue</b>
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City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. Shares Authorized Check the box to indicate an attachment ☐

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
	<b>600</b>	<b>Common</b>	<b>No Par</b>

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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 <b>Lorraine C. Slaney</b>	Date <b>January 16, 2017</b>
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Signature of Authorized Representative
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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

BY

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