

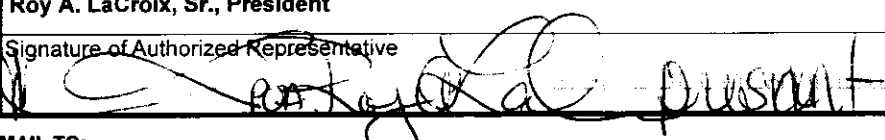


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 46208		2. Exact name of the Corporation Howland Associates, Inc.			
3. Principal Office Address P.O. Box 1271		City West Warwick		State RI	Zip 02893
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Property ownership, management and sales			
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 Roy A. LaCroix, Sr.			Vice-President Name Nancy E. LaCroix		
Street Address P.O. Box 1271			Street Address P.O. Box 1271		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Michelle M. MacInnis			Treasurer Name Roy A. LaCroix, Sr.		
Street Address P.O. Box 1271			Street Address P.O. Box 1271		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Roy A. LaCroix, Sr.			Director Name		
Street Address P.O. Box 1271			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par Value
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. <i>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.</i>					
Name of Authorized Representative Roy A. LaCroix, Sr., President					Date 1/19/17
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

JAN 27 2017

By 3377
