



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 44850		2. Exact name of the Corporation Shaw Associates Inc.			
3. Principal Office Address 1119 Reservoir Avenue			City Cranston	State R.I.	Zip 02910
4. NAICS Code 53 - Real Estate and Rental anc		6. Brief description of the character of business conducted in Rhode Island Real Estate Investment & Development			
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 John Shaw			Vice-President Name John Shaw		
Street Address 1119 Reservoir Avenue			Street Address 1119 Reservoir Avenue		
City Cranston	State R.I.	Zip 02910	City Cranston	State R.I.	Zip 02910
Secretary Name John Shaw			Treasurer Name John Shaw		
Street Address 1119 Reservoir Avenue			Street Address 1119 Reservoir Avenue		
City Cranston	State R.I.	Zip 02910	City Cranston	State R.I.	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jane A. Paolino-Shaw			Director Name		
Street Address 1119 Reservoir Avenue			Street Address		
City Cranston	State R.I.	Zip 02910	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 Common
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 John Shaw				Date 2/27/17	
Signature of Authorized Representative 					

FILED**MAR 02 2017**

BY

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