



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 <u>109616</u>		2. Exact name of the Corporation <u>1841 ASSOCIATES, INC</u>			
3. Principal Office Address <u>1841 Smith Street</u>		City <u>No. Prov</u>		State <u>RI</u>	Zip <u>02911</u>
4. NAICS Code <u>53</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE RENTAL</u>			
5. State of Incorporation <u>4-1-2000</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>JOSEPH MARWELL III</u>			Vice-President Name <u>JEFFREY MARWELL</u>		
Street Address <u>869 EAST AV</u>			Street Address <u>26 JFK Circle</u>		
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name <u>MARK MARWELL</u>			Treasurer Name <u>SAME AS ABOVE</u>		
Street Address <u>86 EAST AV</u>			Street Address		
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>SAME AS ABOVE</u>			Director Name <u>SAME AS ABOVE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>450</u>		<u>-</u>	<u>1.00</u>
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 <u>JEFFREY MARWELL</u>					Date <u>2-27-17</u>
Signature of Authorized Representative 					FILED
					MAR 20 2017

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

By