



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

**Annual Report for the year: 2018**  
**Corporation**

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

**FILED**  
 JAN 25 2018  
 BY 34343

1. Entity ID Number <b>12002</b>		2. Exact name of the Corporation <b>SLEPKOW, SLEPKOW &amp; ASSOCIATES, INC.</b>					
3. Principal Office Address <b>1481 Wampanoag Trail</b>				City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Law</b>					
5. State of Incorporation <b>RI</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Matthew D. Sleprow</b>			Vice-President Name <b>Matthew D. Sleprow</b>				
Street Address <b>1481 Wampanoag Trail</b>			Street Address <b>1481 Wampanoag Trail</b>				
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Matthew D. Sleprow</b>			Treasurer Name <b>Matthew D. Sleprow</b>				
Street Address <b>1481 Wampanoag Trail</b>			Street Address <b>1481 Wampanoag Trail</b>				
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>David S. Sleprow</b>			Director Name <b>Matthew D. Sleprow</b>				
Street Address <b>1481 Wampanoag Trail</b>			Street Address <b>1481 Wampanoag Trail</b>				
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>
Director Name <b>Joshua S. Sleprow</b>			Director Name <b>None</b>				
Street Address <b>1481 Wampanoag Trail</b>			Street Address				
City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
			<b>400</b>	<b>Common</b>	<b>No Par Value</b>		
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.							
<b>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.</b>							
Name of Authorized Representative <b>Matthew D. Sleprow</b>					Date <b>1/22/18</b>		
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