



RI SOS Number: 201857128480 Date: 1/29/2018 4:00:00 PM
State of Rhode Island Providence Plantations

Department of State - Business Services Division

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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

- 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 58731		2. Exact name of the Corporation Marchwicki Associates, Inc.			
3. Principal Office Address 222 Chestnut Street		City Providence		State RI	Zip 02903
4. NAICS Code 54	6. Brief description of the character of business conducted in Rhode Island Financial consulting				
5. State of Incorporation Rhode Island		524210			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edward J. Marchwicki, Jr.			Vice-President Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
Secretary Name Edward J. Marchwicki, Jr.			Treasurer Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Edward J. Marchwicki, Jr.			Director Name Lorraine C. Slaney		
Street Address 34 Katama Road			Street Address 23 Royal Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐		
			NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE No Par
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 Lorraine C. Slaney				Date January 24, 2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED JAN 29 2018 BY 11063 DS	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov