State of Rhode Isla[redacted] Providence Plantations
Department o[redacted]e - 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.

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation			
58731	**Marchwicki Associates, Inc.**			
3. Principal Office Address		City	State	Zip
222 Chestnut Street		**Providence**	**RI**	**02903**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
54	**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	Street Address	City	State	Zip
Edward J. Marchwicki, Jr.	**34 Katama Road**	**Pawtucket**	**RI**	**02861**

Vice-President Name	Street Address	City	State	Zip
Lorraine C. Slaney	**23 Royal Avenue**	**Providence**	**RI**	**02904**

Secretary Name	Street Address	City	State	Zip
Edward J. Marchwicki, Jr.	**34 Katama Road**	**Pawtucket**	**RI**	**02861**

Treasurer Name	Street Address	City	State	Zip
Lorraine C. Slaney	**23 Royal Avenue**	**Providence**	**RI**	**02904**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Edward J. Marchwicki, Jr.	**34 Katama Road**	**Pawtucket**	**RI**	**02861**

Director Name	Street Address	City	State	Zip
Lorraine C. Slaney	**23 Royal Avenue**	**Providence**	**RI**	**02904**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	**Common**	**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	Date
Lorraine C. Slaney	**January 24, 2018**

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
JAN 29 2018
BY

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