



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 SEP -4 PM 3:54

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.

1. Entity ID Number 3432		2. Exact name of the Corporation Cambridge Associates, Inc					
3. Principal Office Address 211 Atlantic Ave				City Providence	State RI	Zip 02907	
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Real Estate					
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 Abraham Konoff				Vice-President Name			
Street Address P.O. Box 40573				Street Address			
City Providence	State R.I.	Zip 02940	City	State	Zip		
Secretary Name				Treasurer Name Abraham Konoff			
Street Address				Street Address P.O. Box 40573			
City	State	Zip	City Providence	State RI	Zip 02940		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name None				Director Name			
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 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
			600 Shares		no par		value
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 Abraham Konoff						Date 9-04-18	
Signature of Authorized Representative <i>Abraham Konoff</i>							

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

FILED

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