



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

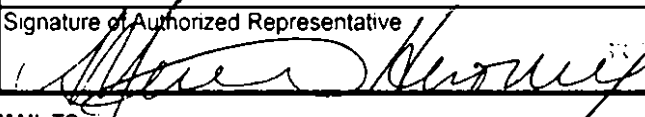
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 18 2019

BY

12002

1. Entity ID Number 000012079		2. Exact name of the Corporation Seven Associates Inc			
3. Principal Office Address 1537 Newport Ave			City Pawtucket	State RI	Zip 02861
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Rental Holding Company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Panas			Vice-President Name Vincent Marandola		
Street Address 165 Fairway Dr			Street Address 22 Ruggieri Circle		
City Seekonk	State MA	Zip 02771	City Cranston	State RI	Zip 02920
Secretary Name Robert Smith			Treasurer Name Michele Heroux		
Street Address 3 Martha Circle			Street Address 628 Prospect St		
City Barrington	State RI	Zip 02806	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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		
			1000		
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 Michele Heroux				Date 03/01/2019	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov