



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

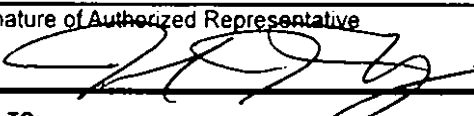
Annual Report for the year: **2020**
 Corporation

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

FILED AMP

JAN 29 2020

BY 5674 OS

1. Entity ID Number 46107		2. Exact name of the Corporation Exchange Street Associates Corp.				
3. Principal Office Address 5 Energy Way			City West Warwick	State RI	Zip 02893	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Rental 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 Michael J. Murphy			Vice-President Name Michael J. Murphy			
Street Address 2359 Division Road			Street Address 2359 Division Road			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818	
Secretary Name Michael J. Murphy			Treasurer Name Michael J. Murphy			
Street Address 2359 Division Road			Street Address 2359 Division Road			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818	
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	
			200		voting common	no par value
			1800		nonvoting common	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. <i>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.</i>						
Name of Authorized Representative Michael J. Murphy, President					Date 1-22-20	
Signature of Authorized Representative 					SIGN DOCUMENT HERE	

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