



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

FILED

Annual Report for the year: 2020
Corporation

MAR 02 2020

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

BY J. 1091 OS

1. Entity ID Number 3432		2. Exact name of the Corporation Cambridge Associates Inc			
3. Principal Office Address 42 Eames St., Providence		City	State R.I	Zip 02906	
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation R-I					
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 RI	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. <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 Abraham Konoff				Date 2-05-20	
Signature of Authorized Representative <i>Abraham Konoff</i>				SIGN YOUR NAME HERE	

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