



State of Rhode Island

## Department of State - 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  
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 FEB 10 4 10 14

1. Entity ID Number 001481158		2. Exact name of the Corporation Clark Associates, Inc			
3. Principal Office Address PO Box 731			City Bristol	State RI	Zip 02809
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To Buy, Sell and Broker Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Brian W. Clark			Vice-President Name		
Street Address 31 Evelyn Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Brian W. Clark			Director Name		
Street Address 31 Evelyn Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	PNP	0.0000
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 Brian W. Clark				Date 2-5-21	
Signature of Authorized Representative 					

FILED

FEB 10 2021

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