



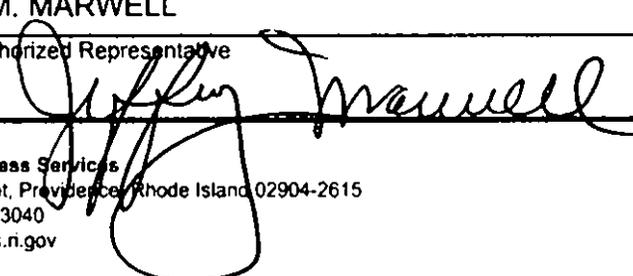
State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

MAY 30 2024
BY 1128 DS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000109616		2. Exact name of the Corporation 1841 ASSOCIATES, INC			
3. Principal Office Address 1845 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEFFREY M. MARWELL			Vice-President Name SAME		
Street Address 26 JFK CIRCLE			Street Address		
City NO. PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			Director Name SAME		
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
		450	--	100	
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 JEFFREY M. MARWELL				Date 5/10/2024	
Signature of Authorized Representative 					

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