RI SOS Filing Number: 202572902070 Date: 5/5/2025 4:00:00 PM

FILED
MAY 05 2025
BY

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY -5 P 3:06

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation		
46107	Exchange Street Associates Corp.		
3. Principal Office Address	City	State	Zip
5 Energy Way	West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
531390	Rental Real Estate		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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:		
Street Address: same as above			Street Address: Michael J. Murphy		
City:	State:	Zip:	City: same as above	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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.

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	Date
Michael J. Murphy, President	5-1-25

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

FORM 630- Revised: 12/2023