



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation _____

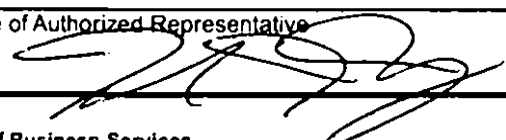
- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 05 2025

BY [Signature]

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

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	
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	City East Greenwich		State RI	
Secretary Name Michael J. Murphy			Treasurer Name			
Street Address same as above			Street Address Michael J. Murphy			
City		State	City same as above		State	
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	City		State	
Director Name			Director Name			
Street Address			Street Address			
City		State	City		State	
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
			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 Michael J. Murphy, President					Date 5-1-25	
Signature of Authorized Representative 						

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov