

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010 401.222.30. Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No.

1. Corporate ID No. 000009563	Temkin & Asso	2. Name of Corporation Temkin & Associates Ltd.				
3. Street Address Principal Business Office 10 Weybosset Street			City Providence	State Rhode Island	Ζ <i>i</i> μ 02903	
4. Business Phone No. 5. State of Incorporation Rhode Island				T WOOD TOTAL	02903	
6. Brief Description of the Characte. Law Firm	r of Business Conducted in	i Rhode Island				
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: C"X" ROY FOR ATT	ACHIER TO THE TOTAL TO THE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name			Vice President Name			
Martin M. Temkin			Martin M. Temkin			
Street Address 10 Weybosset Street			Street Address 10 Weybosset Street			
Providence	State Rhode Island	^{Zip} 02903	City Providence	State Rhode Island	Zip 02903	
Secretary Name Martin M. Temkin			Treasurer Name Martin M. Temkin	Trilode Island		
Street Address			Street Address			
10 Weybosset Street			10 Weybosset Street			
Providence	State Rhode Island	^{Zip} 02903	City Providence	State Rhode Island	^{Zip} 02903	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) [FILL IN S	PACES BEFORE USING	ATTACHMENTS	
Martin M. Temkin			Inrector Name			
Street Address			None Street Address			
10 Weybosset Street						
City Drovido	State	Zip	City	State	Zip	
Providence Director Name	Rhode Island	02903			2.47	
None			Director Name	******		
treet Address			NONE			
			Street Address			
City	State	Zip	City	State		
LLLCare and a second or second	l			state	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUED ("	 X" BOX FOR ATTACHM	 (ENT) □	
			ISSUED SHARES — THIS SECTION	ON MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			2,000	CNP	\$0	
			\$1. M. 18			
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his report must be executed on is report must be executed on is report must be executed on the control of the c	n behalf of the corp	oration by the receiver o	d representative. If the corp	oration is in the hands of	a receiver or trustee,	
	or the corpe	nation by the receiver (n trustee.			
		FILED			_	
		· ILLU				
	_	MAR 01 2010	Under penalty of perju	ry, I declare and affirm that I	have examined this report	
		1 ~ / ~	contained herein are tr	anying schedules and statement	ents, and that all statemen	
île Date	В			1	2044	
neck No			Signature		2-24-10	
				Le	Date	
	Ч	•	Print or Type Name	1Kin		
		_				
FOR SECRETARY OF STAT	E USE ONLY		President			
			11tte		Form 630 Pay 09/09	