

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 2011

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	2.		man report without thirty (50) t	mys ujier ine isme preserioca by a	uw (N.1.G.L. 7-1.2-1)01(tOa)) t	
1. Corporate ID No. 10228		2. Name of Corporation Metcalf-Danforth, Inc.				
3. Street Address Principal Business Office 90 Elm Street			City Providence	State RI	^{Zip} 02903	
4. Business Phone No. 5. State of Incorporation 401-274-1550 Rhode Island						
6. Brief Description of the Chard Management Services	acter of Business Condu	cted in Rbode Island				
7. NAMES AND ADDRES	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Paul W. Whyte			:			
Street Address 1 Amanda Way			Street Address			
City Providence	State RI	^{Zip} 02904	City	State	Zip	
Secretary Name Lorraine A. Viviano			Treasurer Name Paul W. Whyte			
Street Address 39 Villa Avenue			Street Address 1 Amanda Way			
North Providence	State RI	^{Zip} 02904	City Providence	State RI	<i>Ζφ</i> 02904	
Director Name	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL I Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Nume			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is	ntly of named :	- O.C	Number of Shares	Class/Series		
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.			6	Common	No Par	
This report must be executhis report must be execut	ated on behalf of the	ne corporation by an authorize e corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	Is of a receiver or trustee,	

File Date	FILED	
Check No	FEB 2 8 2011	
Ву:	12/0	_
FOR S	ECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and s	that I have examined this report, tatements, and that all statements
contained berein are true and correct.	1 1
Janely letyto	2/24/11
Signature	Date
Paul W. Whyte	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08