

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

		ILE THIS REPORT BY N	MARCH 31 WILL RES	SULT IN A \$25.00 PENA	LTY FEE.	
1. Entity ID No.	I	2. Exact name of the Corporation				
62777	Conley	Conley Group, Inc.				
3. Principal office address 21 Powder Hill Road			City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401-475-4445			5. State of Incorporation RI			
•		s conducted in Rhode Islan rufacturing companie				
7. LIST ALL OFFICERS (N	NAMES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name John F. Conley			Vice-President Name Suzanne L. Conley			
Street Address 21 Powder Hill Road			Street Address 21 Powder Hill Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
Secretary Name John F. Conley			Treasurer Name Suzanne L. Conley			
Street Address 21 Powder Hill Road			Street Address 21 Powder Hill Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
	(NAMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name John W. Conley			Director Name			
Street Address 4391 Bonita Bay Bo	ulevard, Unit 2	2101	Street Address			
City Bonita Springs	State FL	Zip 34134	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTAC		VENT)	
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	
			680	Common Series A	No par	
ee Section 9 of Mistractio	ai sileet.		1040	Common Series B	No par	
This report must be elec	eco behalf of the this report mu	corporation by an authorize ist be executed on behalf of	the corporation by the r	eceiver or trustee.		
File Date Land Land	2016		this repart, includi	erjury, I declare and affirm in any accompanying sci ents contained herein are	hedules and statemen	
Check No. 1/14 49	45	## ## ## ## ## ## ## ## ## ## ## ## ##	And the An States	Cura chiramen lielen sie	1/35/	
			Signature of Authorized Representative Date			
FOR SECRETARY OF STATE USE ONLY			John F. Conley, President Print or Type Name of Authorized Representative			
orm No. 630			rank or type wante	or Administra Dehieselisali	176	