



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(c), 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. **14652** 2. Name of Corporation **John J. Neary, Inc.**

3. Street Address Principal Business Office **103 Cottage Street** City **Pawtucket** State **RI** Zip **02860**

4. Business Phone No. **401-725-0840** 5. State of Incorporation **Rhode Island**

6. Brief Description of the Character of Business Conducted in Rhode Island
To Offer and Sell Piloting Services

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Dorothy M. Neary** Vice President Name **Dorothy M. Neary**

Street Address **40 Brentwood Avenue** Street Address **40 Brentwood Avenue**

City **Providence** State **RI** Zip **02908** City **Providence** State **RI** Zip **02908**

Secretary Name **Dorothy M. Neary** Treasurer Name **Dorothy M. Neary**

Street Address **40 Brentwood Avenue** Street Address **40 Brentwood Avenue**

City **Providence** State **RI** Zip **02908** City **Providence** State **RI** Zip **02908**

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **John F. Neary** Director Name **Dorothy M. Neary**

Street Address **103 Cottage Street** Street Address **40 Brentwood Avenue**

City **Pawtucket** State **RI** Zip **02860** City **Providence** State **RI** Zip **02908**

Director Name **None** Director Name **None**

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par

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.

File Date 2/26/2010
Check No. 6695
By: KMc
FOR SECRETARY OF STATE USE ONLY

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.

Dorothy M. Neary 2-26-10
Signature Date
Dorothy M. Neary
Print or Type Name
President
Title