



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75934** 2. Name of Corporation **PADRIC M. MEAGHER REAL ESTATE INCORPORATED**

3. Street Address Principal Business Office

City **PROVIDENCE**

State **RI**

Zip **02903**

4. Business Phone No.

**401 751-7610**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**5520**

7. Brief Description of the Character of Business Conducted in Rhode Island

**REAL ESTATE SALES**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

**PADRIC M. MEAGHER**

Street Address

Street Address

**17 WILLOWOOD AVE**

City **PROVIDENCE**

State **RI**

Zip **02907**

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

ISSUED SHARES ☒

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

**100 SHS NO PAR VALUE**

**NOTE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 5 9 3 4 \*

File Date: **2.26.97**

Check No.: **008**

By: **ILP**

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.

**Padric M. Meagher** 2/14/97  
Signature of Officer Date

**PADRIC M. MEAGHER**  
Print or Type Name of Officer

**President**  
Title of Officer