



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
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 109592		2. Exact name of the Corporation Farley and Associates, Incorporated			
3. Principal office address 1443 Park Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 942-5625			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Medical Office					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David B. Farley			Vice-President Name		
Street Address 9 Horizon Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Maria Farley			Treasurer Name Maria Farley		
Street Address 9 Horizon Drive			Street Address 9 Horizon Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David B. Farley			Director Name		
Street Address 9 Horizon			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name Maria Farley			Director Name		
Street Address 9 Horizon Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			1,000 Shares	Authorized	No Par Value
			1,000 Shares	Issued	

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.

FILED

FEB 20 2013

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File Date _____
 Check No. _____
 By: _____ BY _____
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.

David B. Farley 2/15/2013
 Signature of Authorized Representative Date

David B. Farley, President

Print or Type Name of Authorized Representative