



**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. <b>14652</b>		2. Exact name of the Corporation <b>John J. Neary, Inc.</b>								
3. Principal office address <b>103 Cottage Street</b>			City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02860</b>					
4. Business Phone No. <b>401-725-0840</b>			5. State of Incorporation <b>Rhode Island</b>							
6. Brief description of the character of business conducted in Rhode Island <b>To offer and sell Piloting Services.</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>Dorothy M. Neary</b>			Vice-President Name <b>Dorothy M. Neary</b>							
Street Address <b>40 Brentwood Drive</b>			Street Address <b>40 Brentwood Drive</b>							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>					
Secretary Name <b>Dorothy M. Neary</b>			Treasurer Name <b>Dorothy M. Neary</b>							
Street Address <b>40 Brentwood Drive</b>			Street Address <b>40 Brentwood Drive</b>							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>John F. Neary</b>			Director Name <b>Dorothy M. Neary</b>							
Street Address <b>103 Cottage Street</b>			Street Address <b>40 Brentwood Drive</b>							
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>					
Director Name <b>None</b>			Director Name <b>None</b>							
Street Address			Street Address							
City	State	Zip	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		
						200	Common	No Par		

2013 MAY 16 AM 10:30  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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.

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**  
 BY CA 197367

**FILED**  
 MAY 16 2013

Signature of Authorized Representative: Dorothy M. Neary Date \_\_\_\_\_  
 Print or Type Name of Authorized Representative: **Dorothy M. Neary**