



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 2014

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. 138373		2. Exact name of the Corporation CARRARA DAYIAN P.C.			
3. Principal office address Three Regency Plaza, Suite 1		City Providence	State RI	Zip 02903-0000	
4. Business Phone No. (401) 621-8000		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island professional services as attorneys and counselors at law					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daryl E. Dayian, Esq.			Vice-President Name Gregory A. Carrara, Esq.		
Street Address Three Regency Plaza, Suite 1			Street Address Three Regency Plaza, Suite 1		
City Providence	State RI	Zip 02903-	City Providence	State RI	Zip 02903-
Secretary Name Gregory A. Carrara, Esq.			Treasurer Name Daryl E. Dayian, Esq.		
Street Address Three Regency Plaza, Suite 1			Street Address Three Regency Plaza, Suite 1		
City Providence	State RI	Zip 02903-	City Providence	State RI	Zip 02903-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Daryl E. Dayian, Esq.			Director Name Gregory A. Carrara, Esq.		
Street Address Three Regency Plaza, Suite 1			Street Address Three Regency Plaza, Suite 1		
City Providence	State RI	Zip 02903-	City Providence	State RI	Zip 02903-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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) <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		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: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Signature of Authorized Representative
Daryl E. Dayian, Esq.

1/06/2014
Date

Print or Type Name of Authorized Representative
President