



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. 122012		2. Exact name of the Corporation McCAFFREY REALTY, INC.			
3. Principal office address 1380 WARWICK AVENUE		City WARWICK	State R.I.	Zip 02888	
4. Business Phone No. (401) 463-7444		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name WILLIAM M. McCAFFREY			Vice-President Name WILLIAM D. McCAFFREY		
Street Address 15 WOODRIDGE DRIVE			Street Address 1380 WARWICK AVENUE		
City WARWICK	State R.I.	Zip 02889	City WARWICK	State R.I.	Zip 02888
Secretary Name WILLIAM M. McCAFFREY			Treasurer Name WILLIAM D. McCAFFREY		
Street Address 15 WOODRIDGE DRIVE			Street Address 1380 WARWICK AVENUE		
City WARWICK	State R.I.	Zip 02889	City WARWICK	State R.I.	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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

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.

William D. McCaffrey 2/27/14
Signature of Authorized Representative Date
William D. McCaffrey, Vice President
Print or Type Name of Authorized Representative