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.	2. Exact name of the Corporation		
81420	BUSINESS ADVISORS OF RHODE ISLAND, INC.		
3. Principal office address: 409 WEST REACH DRIVE	City: JAMESTOWN	State: R.I.	Zip: 02835
4. Business Phone No.	5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island ✓			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: HENRY J. BAIRD SR			Vice-President Name		
Street Address: 3851 WOODLAKE DRIVE			Street Address		
City: BOYNTON SPRINGS	State: FL	Zip: 34434	City	State	Zip
Secretary Name: EDWARD J. BAIRD			Treasurer Name		
Street Address: 3851 WOODLAKE DRIVE			Street Address		
City: BOYNTON SPRINGS	State: FL	Zip: 34434	City	State	Zip

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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	NO PAR VALUE	

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.

Henry J. Baird Sr. 2/16/14
Signature of Authorized Representative — Date

Henry J. Baird SR.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012