



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. 37066		2. Exact name of the Corporation Boyajian Harrington Richardson & Furness, Inc.			
3. Principal office address 182 Waterman St.,			City Providence	State RI	Zip 02906
4. Business Phone No. 401-273-9600		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Legal Services					
President Name Peter J. Furness			Vice-President Name n/a		
Street Address 182 Waterman St.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Alden C. Harrington, Esq.			Treasurer Name Alden C. Harrington, Esq.		
Street Address 182 Waterman St.			Street Address 182 Waterman St.		
City Providence	State RI	Zip 02906	City Providence, RI	State RI	Zip 02906
Director Name Alden C. Harrington, Esq.			Director Name		
Street Address 182 Waterman St.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name Peter J. Furness			Director Name		
Street Address 182 Waterman St.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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
			900	-0-	-0-

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

APR 30 2014

BY **6587**

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

Alden C. Harrington

Print or Type Name of Authorized Representative

Date

4/29/2014