



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 2012

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. 6474		2. Exact name of the Corporation John F. Maguire Co., Inc.			
3. Principal office address c/o Alden Harrington, Esq. 182 Waterman St.,			City Providence, RI02906	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 Not operating; formerly manufacturer of metal specialties, SIC Code 1073					
President Name Maureen Maguire			Vice-President Name n/a		
Street Address 104 Fairview Avenue			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name			Treasurer Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Maureen Maguire			Director Name n/a		
Street Address 104 Fairview Avenue			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name			Director Name n/a		
Street Address			Street Address		
City	State	Zip	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
			50	N/A	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.

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.

Maureen Maguire 3/14/2014
 Signature of Authorized Representative Date

Maureen Maguire, Director, President

Print or Type Name of Authorized Representative

FILED
 JUN 02 2014
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 A.A. 1:40p.m.

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 CORPORATIONS DIV
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