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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 2015

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		
52877	JOHN F. FAHEY & ASSOCIATES, INC.		
3. Principal office address: 151 BUENA VISTA DRIVE	City: NORTH KINGSTOWN	State: RI	Zip: 02852
4. Business Phone No.: 401-331-9848	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS.			

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

President Name: JOHN F. FAHEY			Vice-President Name		
Street Address: 151 BUENA VISTA DRIVE			Street Address		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City	State	Zip
Secretary Name			Treasurer Name: JOHN F. FAHEY		
Street Address			Street Address: 151 BUENA VISTA DRIVE		
City	State	Zip	City: NORTH KINGSTOWN	State: RI	Zip: 02852

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: JOHN F. FAHEY			Director Name		
Street Address: 151 BUENA VISTA DRIVE			Street Address		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	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) ☐		
500 COMMON - NO PAR VALUE	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.	100	CMP	0.00

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
DEC 26 2014
BY

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.

John F. Fahey 12/24/14
Signature of Authorized Representative Date

JOHN F. FAHEY - PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
115076-12-982680