



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. 58758		2. Exact name of the Corporation JOHN MEEHAN ASSOCIATES, INC			
3. Principal office address 1 THURBER BLVD STE D		City SMITHFIELD		State RI	Zip 02917
4. Business Phone No. 401-829-8387		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island REHABILITATION OF RESIDENTIAL PROPERTIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name MARY LOU FERRI			Vice-President Name		
Street Address 35 ST JAMES LANE			Street Address		
City GLOUCESTER	State R.I.	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name MARY LOU FERRI			Director Name		
Street Address 35 ST JAMES LANE			Street Address		
City GLOUCESTER	State RI	Zip 02857	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
			1000	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

JAN 14 2015

BY

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11.04

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.

Mary Lou Ferri
Signature of Authorized Representative

01/15/2015

Date

MARY LOU FERRI

Print or Type Name of Authorized Representative