



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. <b>6557</b>		2. Exact name of the Corporation <b>Delany, Siegel, Zorn &amp; Associates, Inc.</b>			
3. Principal office address <b>6 Beacon Street, Suite 1100</b>		City <b>Boston</b>		State <b>MA</b>	Zip <b>02108</b>
4. Business Phone No. <b>617-269-0849</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Consulting business specializing in Social Science Research.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Sonya K. Williams</b>			Vice-President Name <b>Megan M. Zorn</b>		
Street Address <b>6966 South Kenfig Drive</b>			Street Address <b>676 Washington Street</b>		
City <b>Falls Church</b>	State <b>VA</b>	Zip <b>22042</b>	City <b>Brookline</b>	State <b>MA</b>	Zip <b>02446</b>
Secretary Name <b>Sonya K. Williams</b>			Treasurer Name <b>Megan M. Zorn</b>		
Street Address <b>6966 South Kenfig Drive</b>			Street Address <b>676 Washington Street</b>		
City <b>Falls Church</b>	State <b>VA</b>	Zip <b>22042</b>	City <b>Brookline</b>	State <b>MA</b>	Zip <b>02446</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Sonya K. Williams</b>			Director Name <b>Megan M. Zorn</b>		
Street Address <b>6966 South Kenfig Drive</b>			Street Address <b>676 Washington Street</b>		
City <b>Falls Church</b>	State <b>VA</b>	Zip <b>22042</b>	City <b>Brookline</b>	State <b>MA</b>	Zip <b>02446</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 COMMON \$1.00					

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

MAR 02 2015

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.

**Sonya K Williams**  
Signature of Authorized Representative

**2/12/2015**  
Date

**Sonya K. Williams, President**

Print or Type Name of Authorized Representative