



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. 523051		2. Exact name of the Corporation BRIAN MCCARTHY MARKETING INC			
3. Principal office address 8 HONEYSUCKLE COURT		City BARRINGTON	State RI	Zip 02806	
4. Business Phone No. 401-245-6106		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island CONSULTING					
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HARRY B MCCARTHY			Vice-President Name HARRY B MCCARTHY		
Street Address 8 HONEYSUCKLE COURT			Street Address 8 HONEYSUCKLE COURT		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name HARRY B MCCARTHY			Treasurer Name HARRY B MCCARTHY		
Street Address 8 HONEYSUCKLE COURT			Street Address 8 HONEYSUCKLE COURT		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED:			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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

FILED

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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

HARRY B MCCARTHY

Print or Type Name of Authorized Representative

2/27/2015
Date