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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
160244	McCorry and Gannon P.C.

3. Principal office address	City	State	Zip
727 Central Avenue	Pawtucket	RI	02861

4. Business Phone No.	5. State of Incorporation
401-724-1400	RI

6. Brief description of the character of business conducted in Rhode Island
Legal Services

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

President Name	Street Address	City	State	Zip
John T. Gannon	46 Wilton Ave	Pawtucket	RI	02861

Vice-President Name	Street Address	City	State	Zip
John T. Gannon	46 Wilton Ave	Pawtucket	RI	02861

Secretary Name	Street Address	City	State	Zip
John T. Gannon	46 Wilton Ave	Pawtucket	RI	02861

Treasurer Name	Street Address	City	State	Zip
John T. Gannon	46 Wilton Ave	Pawtucket	RI	02861

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	None

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
AUG 03 2015
BY 1454

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.

7/31/15
Signature of Authorized Representative — Date

John T. Gannon
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
123618-2-1955233