



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.<br><b>160244</b>                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>McCorry and Gannon P.C.</b> |                                              |                    |                     |                  |              |           |
| 3. Principal office address<br><b>727 Central Avenue</b>                                                                                                      |                    |                                                                    | City<br><b>Pawtucket</b>                     | State<br><b>RI</b> | Zip<br><b>02861</b> |                  |              |           |
| 4. Business Phone No.<br><b>401-724-1400</b>                                                                                                                  |                    |                                                                    | 5. State of Incorporation<br><b>RI</b>       |                    |                     |                  |              |           |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Legal Services</b>                                                          |                    |                                                                    |                                              |                    |                     |                  |              |           |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                  |                    |                                                                    |                                              |                    |                     |                  |              |           |
| President Name<br><b>John T. Gannon</b>                                                                                                                       |                    |                                                                    | Vice-President Name<br><b>John T. Gannon</b> |                    |                     |                  |              |           |
| Street Address<br><b>46 Wilton Ave</b>                                                                                                                        |                    |                                                                    | Street Address<br><b>46 Wilton Ave</b>       |                    |                     |                  |              |           |
| City<br><b>Pawtucket</b>                                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02861</b>                                                | City<br><b>Pawtucket</b>                     | State<br><b>RI</b> | Zip<br><b>02861</b> |                  |              |           |
| Secretary Name<br><b>John T. Gannon</b>                                                                                                                       |                    |                                                                    | Treasurer Name<br><b>John T. Gannon</b>      |                    |                     |                  |              |           |
| Street Address<br><b>46 Wilton Ave</b>                                                                                                                        |                    |                                                                    | Street Address<br><b>46 Wilton Ave</b>       |                    |                     |                  |              |           |
| City<br><b>Pawtucket</b>                                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02861</b>                                                | City<br><b>Pawtucket</b>                     | State<br><b>RI</b> | Zip<br><b>02861</b> |                  |              |           |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                 |                    |                                                                    |                                              |                    |                     |                  |              |           |
| Director Name<br><b>None</b>                                                                                                                                  |                    |                                                                    | Director Name                                |                    |                     |                  |              |           |
| Street Address                                                                                                                                                |                    |                                                                    | Street Address                               |                    |                     |                  |              |           |
| City                                                                                                                                                          | State              | Zip                                                                | 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) <input type="checkbox"/>                                                                                           |                    |                                                                    |                                              |                    |                     |                  |              |           |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |                                                                    |                                              |                    |                     |                  |              |           |
|                                                                                                                                                               |                    |                                                                    |                                              |                    |                     | 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**

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

Date

**John T. Gannon**

Print or Type Name of Authorized Representative