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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			
155436	Berry, Morgan & Turgan			
3. Principal office address: 75 Hammond street	City: Worcester	State: MA	Zip: 01607	
4. Business Phone No.: 508-752-8885	5. State of Incorporation: RI			
6. Brief description of the character of business conducted in Rhode Island: Marine Inspection/Surveying				

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

President Name	Street Address	City	State	Zip
Hossien Haghanizadeh	27 Pineland Ave	Worcester	MA	01604

Vice-President Name: Daniel Turgan
Street Address: 201 Samuel Drive
City: Whitinsville **State:** MA **Zip:** 01588

Secretary Name: Hossien Haghanizadeh
Street Address: Same as Above
City: **State:** **Zip:**

Treasurer Name: Daniel Turgan
Street Address: Same as Above
City: **State:** **Zip:**

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

Director Name	Street Address	City	State	Zip
Hossein Haghanizadeh	Same as Above			

Director Name: Daniel Turgan
Street Address: See #5 Above
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.

SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20,000	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.

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.

H-Haghanizadeh — 8/28/14
Signature of Authorized Representative — Date

Hossien Haghanizadeh
Print or Type Name of Authorized Representative

File Date: 9:42 AM
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY
FILED
AUG 28 2015
By: 255436

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CORPORATIONS DIV

Form No. 630
Revised: 01/2012

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