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		City	State	Zip
75 Hammond street		Worcester	MA	01607
4. Business Phone No.		5. State of Incorporation		
508-752-8885		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	Street Address	City	State	Zip
Daniel Turgan	201 Samuel Drive	Whitinsville	MA	01588

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

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

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	Street Address	City	State	Zip
Daniel Turgan	See #5 Above			

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.

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 — 8/26/14
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

Form No. 630
Revised: 01/2012

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2015 AUG 28 AM 9:42
SECRETARY OF STATE
CORPORATIONS DIV