



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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                       |                    |                                                                                                           |                    |                     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>876718</b>                                                                                                                                     |                    | 2. Exact name of the limited liability company<br><b>Feeney, Foster &amp; Cavanagh CPAs, LLC</b>          |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                          |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Accounting Services</b> |                    |                     |     |
| 5. Principal office address<br><b>6 Blackstone Valley Place, Suite 401D</b>                                                                                           |                    | City<br><b>Lincoln</b>                                                                                    | State<br><b>RI</b> | Zip<br><b>02865</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON                                                                                   |                    |                                                                                                           |                    |                     |     |
| Contact Name<br><b>Boyd Foster</b>                                                                                                                                    |                    | Contact Title<br><b>Manager</b>                                                                           |                    |                     |     |
| Street Address<br><b>6 Blackstone Valley Place, Suite 401D</b>                                                                                                        |                    | City<br><b>Lincoln</b>                                                                                    | State<br><b>RI</b> | Zip<br><b>02865</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>(*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                           |                    |                     |     |
| Manager Name<br><b>Boyd Foster</b>                                                                                                                                    |                    | Manager Name                                                                                              |                    |                     |     |
| Street Address<br><b>9 Fairmount Avenue</b>                                                                                                                           |                    | Street Address                                                                                            |                    |                     |     |
| City<br><b>Lincoln</b>                                                                                                                                                | State<br><b>RI</b> | Zip<br><b>02865</b>                                                                                       | City               | State               | Zip |
| Manager Name                                                                                                                                                          |                    | Manager Name                                                                                              |                    |                     |     |
| Street Address                                                                                                                                                        |                    | Street Address                                                                                            |                    |                     |     |
| City                                                                                                                                                                  | State              | Zip                                                                                                       | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                     |                    |                                                                                                           |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                     |                    |                                                                                                           |                    |                     |     |

**FILED**

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File Date

Check No

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FOR SECRETARY OF STATE USE ONLY

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.

Boyd E. Foster  
Signature of Authorized Person

9/21/2015  
Date

**Boyd Foster**

Print or Type Name of Authorized Person