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 2016

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
81420	BUSINESS ADVISORS OF RHODE ISLAND, INC.

3. Principal office address	City	State	Zip
409 WEST REACH DRIVE	JAMESTOWN	R.I.	02835

4. Business Phone No.	5. State of Incorporation
401-423-3965	RI

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

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

President Name	City	State	Zip	Vice-President Name	City	State	Zip
Harry J. BAIRD SR.							
Street Address				Street Address			
3851 WOODLAKE DRIVE	BONITA SPRINGS	FL	34134				
Secretary Name				**Treasurer Name**			
DOLORES J. BAIRD							
Street Address				Street Address			
3851 WOODLAKE DRIVE	BONITA SPRINGS	FL	34134				

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

Director Name	City	State	Zip	Director Name	City	State	Zip
Street Address				Street Address			
Director Name				Director Name			
Street Address				Street Address			

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
8000	NO PAR VALUE	

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
FEB 09 2016
BY KL 809

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.

Harry J. Baird Sr. 2/1/16
Signature of Authorized Representative — Date

HARRY J. BAIRD SR.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012