



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. 81420		2. Exact name of the Corporation BUSINESS ADVISORS OF RHODE ISLAND, INC.	
3. Principal office address 409 WEST REACH DRIVE		City JAMESTOWN	State R.I.
		Zip 02835	
4. Business Phone No. 401-423-3965		5. State of Incorporation 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 HARRY J. BAIRD SR.		Vice-President Name	
Street Address 3851 WOODLAKE DRIVE		Street Address	
City BONITA SPRINGS	State FL	Zip 34134	
Secretary Name DOLores J. BAIRD		Treasurer Name	
Street Address 3851 WOODLAKE DRIVE		Street Address	
City BONITA SPRINGS	State FL	Zip 34134	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		NUMBER OF SHARES	CLASS/SERIES
		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

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

FILED
FEB 09 2016
BY KL 809