



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.<br><b>73901</b>   |                    | 2. Exact name of the Corporation<br><b>Meehan Fund, Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>Nine Meeting Street</b>  |                    |  | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b> |
| 4. Business Phone No.<br><b>401-751-1414</b>   |                    |  | 5. State of Incorporation<br><b>MD</b>                                     |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Investments</b>  |                    |  |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>   |                    |  |  |                    |                     |
| President Name<br><b>Carol M. Hunt</b>   |                    |  | Vice-President Name<br><b>Charles Ransom</b>                               |                    |                     |
| Street Address<br><b>Nine Meeting Street</b>   |                    |  | Street Address<br><b>Nine Meeting Street</b>                               |                    |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b>  | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b> |
| Secretary Name<br><b>Ralph M. Kinder</b>   |                    |  | Treasurer Name<br><b>Carol M. Hunt</b>                                     |                    |                     |
| Street Address<br><b>155 South Main Street</b>   |                    |  | Street Address<br><b>Nine Meeting Street</b>                               |                    |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b>  | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>  |                    |  |  |                    |                     |
| Director Name<br><b>Carol M. Hunt</b>  |                    |  | Director Name<br><b>Charles Ransom</b>                                     |                    |                     |
| Street Address<br><b>Nine Meeting Street</b>   |                    |  | Street Address<br><b>Nine Meeting Street</b>                               |                    |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b>  | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b> |
| Director Name<br><b>Jean Saylor</b>  |                    |  | Director Name<br><b>Peter Hunt</b>   |                    |                     |
| Street Address<br><b>40 Westminster Street, Suite 600</b>  |                    |  | Street Address<br><b>Eight Cooke Street</b>                                |                    |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b>  | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02906</b> |
| <b>9. SHARES AUTHORIZED</b>  |                    |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| 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       | PAR VALUE           |
|  |                    |  | 100,000.00   | CWP                | \$0.50              |

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: \_\_\_\_\_

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.

**FILED**

*[Signature]* 2/9/16  
 Signature of Authorized Representative Date

**FOR SECRETARY OF STATE USE ONLY**

**Ralph M. Kinder, Secretary**

Print or Type Name of Authorized Representative

FEB 12 2016  
 156 17589

James H. Hahn  
Partridge, Snow & Hahn, LLP  
40 Westminster Street, Suite 1100  
Providence, RI 02903