

**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. 000294696		2. Exact name of the Corporation BOYLE, SHAUGHNESSY & CAMPO, P.C.			
3. Principal office address 695 ATLANTIC AVE. 11TH FLOOR			City BOSTON	State MA	Zip 02111-2623
4. Business Phone No. 617-451-2000		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island LEGAL SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name ANTHONY MARK CAMPO			Vice-President Name		
Street Address 91 FORD RANCH ROAD			Street Address		
City MILTON	State MA	Zip 02186-5211	City	State	Zip
Secretary Name MARK W. SHAUGHNESSY			Treasurer Name		
Street Address 76 HAWKTREE DRIVE			Street Address		
City WESTWOOD	State MA	Zip 02090	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name THOMAS J FAY			Director Name		
Street Address ONE HAPPY HOLLOW ROAD			Street Address		
City WAYLAND	State MA	Zip 01778-3503	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	PAR VALUE
			10000		

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 29 2016

KL 33933

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.

[Signature] 2-5-16
Signature of Authorized Representative Date

ANTHONY CAMPO
Print or Type Name of Authorized Representative