



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 2015

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. 847776		2. Exact name of the Corporation M. FLAHERTY & ASSOCIATES INC.			
3. Principal office address 45 ERIC CT.			City CRANSTON	State R.I.	Zip 02921
4. Business Phone No. 401-942-6415			5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island CONSULTING / RETAIL					
7. ALL OTHER NAMES AND ADDRESSES (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL FLAHERTY			Vice-President Name MARY FLAHERTY		
Street Address 45 ERIC COURT			Street Address 45 ERIC COURT		
City CRANSTON	State R.I.	Zip 02921	City CRANSTON	State R.I.	Zip 02921
Secretary Name JOHN FLAHERTY			Treasurer Name		
Street Address 65 THUNDER TRAIL			Street Address		
City CRANSTON	State R.I.	Zip 02921	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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) <input type="checkbox"/>		
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 NONE		CLASS/SERIES		PAR VALUE 0	

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 CORPORATIONS DIV
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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: _____

FILED
 MAR 31 2016
 271379
 A.A.

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.

Michael Flaherty 28 MARCH 16
 Signature of Authorized Representative Date
Michael FLAHERTY
 Print or Type Name of Authorized Representative