



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2017 FEB 14 PM 1:11
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 8566		2. Exact name of the Corporation Duffy & Shanley, Inc.			
3. Principal Office Address 10 Charles Street			City Providence	State RI	Zip 02904
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Public relations and advertising			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name and CEO - Jonathan Duffy			Vice-President Name None		
Street Address 10 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Karen M. Shuster			Treasurer Name None		
Street Address 10 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			6750	Common	\$0.01 par
11. 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. 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.					
Name of Authorized Representative John J. Partridge				Date 2/3/17	
Signature of Authorized Representative FILED					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 14 2017

By AS 56811

Duffy & Shanley, Inc.

8566

Additional Officer:

Assistant Secretary: John J. Partridge, 40 Westminster Street, Suite 1100, Providence, RI 02903