



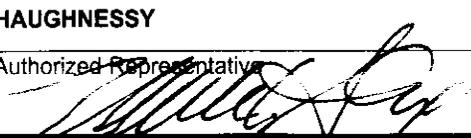
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: AMENDED - 2017  
 Corporation

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

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2017 APR 21 AM 10:28

1. Entity ID Number <b>00294696</b>		2. Exact name of the Corporation <b>BOYLE   SHAUGHNESSY</b>			
3. Principal Office Address <b>695 ATLANTIC AVENUE</b>			City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02111</b>
4. NAICS Code <b>54 - Professional, Scientific, an</b>		6. Brief description of the character of business conducted in Rhode Island <b>LAW FIRM</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARK W. SHAUGHNESSY</b>			Vice-President Name		
Street Address <b>76 HAWKTREE DRIVE</b>			Street Address		
City <b>WESTWOOD</b>	State <b>MA</b>	Zip <b>02090</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARK W. SHAUGHNESSY</b>			Director Name		
Street Address <b>76 HAWKTREE DRIVE</b>			Street Address		
City <b>WESTWOOD</b>	State <b>MA</b>	Zip <b>02090</b>	City	State	Zip
Director Name <b>THOMAS J. FAY</b>			Director Name		
Street Address <b>ONE HAPPY HOLLOW ROAD</b>			Street Address		
City <b>WAYLAND</b>	State <b>MA</b>	Zip <b>01778</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>10000</b>			<b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>MARK W. SHAUGHNESSY</b>					Date <b>4/17/17</b>
Signature of Authorized Representative 					

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**FILED**

**APR 21 2017**

**BY** le 10:26



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 21, 2017 10:26 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

