



RI SOS Filing Number: 201855680250 Date: 1/5/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2018
Corporation

JAN 05 2018

101

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

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1. Entity ID Number 000052877		2. Exact name of the Corporation JOHN F. FAHEY + ASSOCIATES, INC.			
3. Principal Office Address P.O. Box 5885		City PROVIDENCE		State RI	Zip 02903
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN F. FAHEY			Vice-President Name NONE		
Street Address 151 BUENA VISTA DRIVE			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name NONE			Treasurer Name JOHN F. FAHEY		
Street Address			Street Address 151 BUENA VISTA DRIVE		
City	State	Zip	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN F. FAHEY			Director Name		
Street Address 151 BUENA VISTA DRIVE			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 500		CLASS/SERIES CNP		PAR VALUE 0.0000	
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 F. FAHEY, PRESIDENT				Date 12/30/2017	
Signature of Authorized Representative John F. Fahey					