



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual Report for the year:

2018

Corporation

JAN 05 2018

10

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY

811

| 1. Entity ID Number<br>000052877  |              | 2. Exact name of the Corporation<br>JOHN F. FAHEY + ASSOCIATES, INC.  |                         |                    |              |                  |              |           |     |     |        |  |  |  |
|---|--------------|---|-------------------------|--------------------|--------------|------------------|--------------|-----------|-----|-----|--------|--|--|--|
| 3. Principal Office Address<br>P.O. Box 5885  |              | City<br>PROVIDENCE  |                         | State<br>RI        | Zip<br>02903 |                  |              |           |     |     |        |  |  |  |
| 4. NAICS Code<br>541690   |              | 6. Brief description of the character of business conducted in Rhode Island<br>GENERAL INVESTIGATIONS AND OTHER<br>LEGAL BUSINESS.  |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| 5. State of Incorporation<br>RI   |              |   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |              |   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| President Name<br>JOHN F. FAHEY   |              | Vice-President Name<br>NONE   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| Street Address<br>151 BUENA VISTA DRIVE   |              | Street Address  |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| City<br>NORTH KINGSTOWN   | State<br>RI  | Zip<br>02852  | City                    | State              | Zip          |                  |              |           |     |     |        |  |  |  |
| Secretary Name<br>NONE  |              | Treasurer Name<br>JOHN F. FAHEY   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| Street Address  |              | Street Address<br>151 BUENA VISTA DRIVE   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| City  | State        | Zip   | City<br>NORTH KINGSTOWN | State<br>RI        | Zip<br>02852 |                  |              |           |     |     |        |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |              |   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| Director Name<br>JOHN F. FAHEY  |              | Director Name   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| Street Address<br>151 BUENA VISTA DRIVE   |              | Street Address  |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| City<br>NORTH KINGSTOWN   | State<br>RI  | Zip<br>02852  | City                    | State              | Zip          |                  |              |           |     |     |        |  |  |  |
| Director Name   |              | Director Name   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| Street Address  |              | Street Address  |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| City  | State        | Zip   | City                    | State              | Zip          |                  |              |           |     |     |        |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |              | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
|   |              | <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>500</td><td>CNP</td><td>0.0000</td></tr><tr><td></td><td></td><td></td></tr></tbody></table> |                         |                    |              | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 500 | CNP | 0.0000 |  |  |  |
| NUMBER OF SHARES  | CLASS/SERIES | PAR VALUE   |                         |                    |              |                  |              |           |     |     |        |  |  |  |
| 500   | CNP          | 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.<br>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<br>JOHN F. FAHEY, PRESIDENT   |              |   |                         | Date<br>12/30/2017 |              |                  |              |           |     |     |        |  |  |  |
| Signature of Authorized Representative<br>John F. Fahey   |              |   |                         |                    |              |                  |              |           |     |     |        |  |  |  |