RI SOS Filing Number: 201856605180 Date: 1/22/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018 Corporation

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

| Entity ID Number   |                          | 2. Exact name of the Corporation   |   |                              |                        |                            |  |  |
|--|--------------------------|--|---|------------------------------|------------------------|----------------------------|--|--|
| 8566   |                          | Duffy & Shanley, Inc.  |   |                              |                        |                            |  |  |
| 3 Principal Office Address                                       |                          |  | City  |                              | State                  | Zip                        |  |  |
| 10 Charles Street  |                          |  | Providence                                  |                              | Ri                     | 02904                      |  |  |
| 4. NAICS Code  | 6. Brief desc            | Brief description of the character of business conducted in Rhode Island |   |                              |                        |                            |  |  |
| 541810   | Public rela              | Public relations and advertising   |   |                              |                        |                            |  |  |
| 5. State of Incorporation  |                          |  |   |                              |                        |                            |  |  |
| Rhode Island   |                          |  |   |                              |                        |                            |  |  |
| 7. List ALL officers (names and                                  | addresses)               |  |   | Check                        | the box to i           | ndicate an attachment 🖸    |  |  |
| President Name and CEO - Jon                                     | Vice-President Name None |  |   |                              |                        |                            |  |  |
| Street Address 10 Charles Stre                                   | 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                 | <sup>Zip</sup> 02904   | City  |                              | State                  | Zıp                        |  |  |
| 8. List ALL directors (names an                                  | d addresses)             |  |   | Check                        | the box to i           | ndicate an attachment      |  |  |
| Director Name<br>None  |                          |  | Director Name                               | 3                            |                        | •                          |  |  |
| Street Address   |                          |  | Street Address                              |                              |                        |                            |  |  |
| City   | State                    | Zip  | City  |                              | State                  | Zıp                        |  |  |
| Director Name  |                          |  | Director Name                               |                              |                        |                            |  |  |
| Street Address   |                          |  | Street Address                              |                              |                        |                            |  |  |
| City   | State                    | Zip  | City  | <u> </u>                     | State                  | Zip                        |  |  |
| 9. Shares Authorized   | 10. Shares Iss           |  | ued Check the box to indicate an attachment |                              |                        |                            |  |  |
| This information is currently of record in the                   |                          | NUMBER OF SHARES   |   |                              | CLASS/SERIES PAR VALUE |                            |  |  |
| Department of State. Changes require an additional filing.       |                          | 6750   |   | Common                       | mon \$0.01 par         |                            |  |  |
|  |                          |  |   | · -                          |                        |                            |  |  |
| 11. This report must be execute trustee, this report must be exe | ed on behalf of the      | corporation by an  | authorized repres                           | I<br>sentative. If the corp  | oration is in t        | the hands of a receiver or |  |  |
| Under penalty of perjury, I de                                   | clare and affirm         | that I have examin   | red this report, i                          | ustee.<br>ncluding any accor | mpanying s             | chedules and               |  |  |
| statements, and that all state                                   | ments contained          |  |   |                              |                        |                            |  |  |
| Name of Authorized Representative  JOhn J. Partridge             |                          |  |   |                              | Date // 19 / 18        |                            |  |  |
| Signature of Authorized Repres                                   | sentature /              |  | <u>.</u>                                    |                              | . 1 - !                | <u> </u>                   |  |  |
| She  | // alns                  | SIGN DO  | CUMENT HERE                                 | FILED                        |                        |                            |  |  |

MAIL TO:

MAIL TO: //
Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov JAN 22 2018

BY 322318

FORM 630 - Revised: 10/2017

Duffy & Shanley, Inc.

8566

## Additional Officer:

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

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