



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

FILED

STAMP

Annual Report for the year: 2019
Corporation

MAR 13 2019

BY: 1919

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FOR SECRETARY OF STATE USE ONLY

- 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 000159708		2. Exact name of the Corporation LEAHY/JOHNSTON MANAGEMENT CORP.			
3. Principal Office Address 26 CODDINGTON WHARF			City NEWPORT	State RI	Zip 02840
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island BUSINESS MANAGEMENT SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID J. LEAHY			Vice-President Name CARYN JOHNSTON		
Street Address 26 CODDINGTON WHARF			Street Address 26 CODDINGTON WHARF		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name CARYN JOHNSTON			Treasurer Name DAVID J. LEAHY		
Street Address 26 CODDINGTON WHARF			Street Address 26 CODDINGTON WHARF		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID J. LEAHY			Director Name CARYN JOHNSTON		
Street Address 26 CODDINGTON WHARF			Street Address 26 CODDINGTON WHARF		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 1000	CLASS/SERIES Stock	PAR VALUE 0.01
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 DAVID J LEAHY				Date 2/26/19	
Signature of Authorized Representative <i>David Leahy</i>				SIGN DOCUMENT HERE	

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