RI SOS Filing Number: 201914563140 Date: 8/19/2019 4:00:00 PM

(1571)
(62)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report	for the year:	201	9
Corporation			_

Allf I a some

→ Filing Fee: \$50.00

	TOU I & SUIR	
BY_	0930	05

→ Penalty: Additional \$25.0	0 fee if form is n	ot filed by April 1.		D1				
1. Entity ID Number	1 1	2. Exact name of the Corporation BRIAN MCCARTHY MARKETING, INC.						
3. Principal Office Address 85 WINDWARD LANE		City BRISTOL		State RI	Zıp 02809			
4. NAICS Code 56 3 2 5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island CONSULTING.						
7. List ALL officers (names and	addresses)			Check	the box to in	dicate an attachment		
President Name HARRY B. MCCARTHY				Check the box to indicate an attachment Vice-President Name HARRY B. MCCARTHY				
Street Address 85 WINDWARD LANE			Street Address	Street Address 85 WINDWARD LANE				
City BRISTOL	State RI	^{Z_{IP}} 02809	City BRISTO		State RI	^{Zip} 02809		
Secretary Name HARRY B. MCC	HARRY B. MCCARTHY			Treasurer Name HARRY B. MCCARTHY				
Street Address 85 WINDWARD LANE			Street Address	Street Address 85 WINDWARD LANE				
City BRISTOL	State RI	^{Zip} 02809	City BRISTO	L	State RI	^{Zip} 02809		
8. List ALL directors (names and	d addresses)		···		the box to in	dicate an attachment		
Director Name N/A			Director Name	N/A				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
Director Name N/A	Director Name N/A			Director Name N/A				
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Is:		Check	the box to in	dicate an attachment		
This information is currently of record in the Department of State.		NUMBER C	NUMBER OF SHARES		is	PAR VALUE		
Changes require an additional กิโเ	ng.					<u></u>		
11. This report must be executed trustee, this report must be executed Under penalty of perjury, I decistatements, and that all states	cuted on behalf o	of the corporation by that I have examin	the receiver or tr	rustee.				
Name of Authorized Representa		स्टाचात साच प्राय व वा	THE COLL STATE OF THE STATE OF		Date			
HARRY B. MCCARTHY			08/14/19					
Signature of Authorized Tepres	entative 44	SIGN DO	OCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040