STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
52877	John F. Fahey & Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
249 Wickenden Street		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-331-9848	RHODE ISLAND			7880

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL LINVESTIGATIONS AND OTHER LEGAL BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
JOHN F. FAHEY					
Street Address			Street Address		
151 Buena Vista Drive					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Secretary Name			Treasurer Name		
JOHN F. FAHEY			JOHN F. FAHEY		
Street Address			Street Address		
151 Buena Vista Drive			151 Buena Vista Drive		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
JOHN F. FAHEY					
Street Address			Street Address		
151 Buena Vista Drive					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
500 COMM NO PAR VALUE			100	No Par Common	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

John F. Fahey — 1/28/05
Signature of Officer — *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	1-31-05
Check No.	239
By:	V.C.

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
52877	John F. Fahey & Associates, Inc.			
3. Street Address Principal Business Office: 249 WICKENDEN STREET		City: PROVIDENCE	State: RI	Zip: 02903
4. Business Phone No.: 401-331-9848	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL LINVESTIGATIONS AND OTHER LEGAL BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: JOHN F. FAHEY			Vice President Name		
Street Address: 161 BUENA VISTA DRIVE			Street Address		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City	State	Zip
Secretary Name: JOHN F. FAHEY			Treasurer Name: JOHN F. FAHEY		
Street Address: 151 BUENA VISTA DRIVE			Street Address: 151 BUENA VISTA DRIVE		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NORTH KINGSTOWN	State: RI	Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
500 COMM NO PAR VALUE			100	NO PAR COMMON	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 52877 *

File Date 12/31/03

Check No. 201

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John F. Fahey — 12/29/03

Signature of Officer — *Date*

JOHN F. FAHEY

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 52877
2. Name of Corporation: John F. Fahey & Associates, Inc.
3. Street Address Principal Business Office: 249 WICKENDEN STREET — City: PROVIDENCE — State: RI — Zip: 02903
4. Business Phone No.: 401-331-9848
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7880
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN — State: RI — Zip: 02852

Vice President Name:
Street Address:
City — State — Zip:

Secretary Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN — State: RI — Zip: 02852

Treasurer Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN — State: RI — Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN — State: RI — Zip: 02852

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	NO PAR COMMON	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

52877

[redacted]

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.

John F. Fahey — 2/7/03
Signature of Officer — *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 2/10/03

Check No.: 2395

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 52877

2. Name of Corporation John F. Fahey & Associates, Inc.

3. Street Address Principal Business Office 249 WICKENDEN STREET — *City* PROVIDENCE — *State* RI — *Zip* 02903

4. Business Phone No 401-331-9848

5. State of Incorporation RHODE ISLAND

6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN, *State* RI *Zip* 02852

Vice President Name
Street Address
City *State* *Zip*

Secretary Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Treasurer Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN, *State* RI *Zip* 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN, *State* RI *Zip* 02852

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	NO PAR COMMON	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 5 2 8 7 7 *

[redacted]

File Date: 2/20/02

Check No. 3047

By JL

FOR SECRETARY OF STATE USE ONLY

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.

John F. Fahey — 2/18/02
Signature of Officer *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 52877
2. Name of Corporation: John F. Fahey & Associates, Inc.

3. Street Address Principal Business Office: 151 BUENA VISTA DRIVE — City: NORTH KINGSTOWN — State: RI — Zip: 02852

4. Business Phone No.: (401) 331-9848
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7880

7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN, State: RI, Zip: 02852

Vice President Name:
Street Address:
City: State: Zip:

Secretary Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN, State: RI, Zip: 02852

Treasurer Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN, State: RI, Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: JOHN F. FAHEY
Street Address: 151 BUENA VISTA DRIVE
City: NORTH KINGSTOWN, State: RI., Zip: 02852

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 NO PAR COM		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	NO PAR COMMON	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 5 2 8 7 7 *

File Date: FILED

Check No.: MAY 21 2001

By: CC2861

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

John F. Fahey 2/26/01
Signature of Officer *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 52877
2. Name of Corporation: John F. Fahey & Associates, Inc.
3. Street Address Principal Business Office: 151 Buena Vista Drive — City: North Kingstown, State: RI, Zip: 02852
4. Business Phone No.: 401-331-9848
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7880
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: JOHN F. FAHEY
Street Address: 151 Buena Vista Drive
City: No. Kingstown, State: RI, Zip: 02852

Vice President Name:
Street Address:
City, State, Zip:

Secretary Name: JOHN F. FAHEY
Street Address: 151 Buena Vista Drive
City: No. Kingstown, State: RI, Zip: 02852

Treasurer Name: JOHN F. FAHEY
Street Address: 151 Buena Vista Drive
City: No. Kingstown, State: RI, Zip: 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: JOHN F. FAHEY
Street Address: 151 Buena Vista Drive
City: No. Kingstown, State: RI, Zip: 02852

Director Name:
Street Address:
City, State, Zip:

Director Name:
Street Address:
City, State, Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	NO PAR COM	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	No Par Com.	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 2 8 7 7 *

File Date: 2/18/00

Check No.: 2620

By:

FOR SECRETARY OF STATE USE ONLY

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.

John F. Fahey — 2/17/2000
Signature of Officer — *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 52877
2. Name of Corporation: John F. Fahey & Associates, Inc.
3. Street Address Principal Business Office: 249 WICKENDEN STREET — City: PROVIDENCE — State: RI — Zip: 02903
4. Business Phone No.: 401-331-9848
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7880
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: JOHN F. FAHEY
Street Address: 249 WICKENDEN STREET
City: PROVIDENCE — State: RI — Zip: 02903

Vice President Name:
Street Address:
City — State — Zip

Secretary Name: JOHN F. FAHEY
Street Address: 249 WICKENDEN STREET
City: PROVIDENCE — State: RI — Zip: 02903

Treasurer Name: JOHN F. FAHEY
Street Address: 249 WICKENDEN STREET
City: PROVIDENCE — State: RI — Zip: 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: JOHN F. FAHEY
Street Address: 249 WICKENDEN STREET
City: PROVIDENCE — State: RI — Zip: 02903

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 NO PAR COM		

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	No Par Com.	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 

[redacted]

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.

John F. Fahey — 12/28/98
Signature of Officer — *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 1/1/99

Check No.: 2314

By: LCP

FOR SECRETARY OF STATE USE ONLY

[redacted]

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 52877
2. *Name of Corporation* John F. Fahey & Associates, Inc.
3. *Street Address Principal Business Office* 151 BUENA VISTA DRIVE — *City* NORTH KINGSTOWN — *State* RI — *Zip* 02852
4. *Business Phone No* 401-331-9848
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 7880
7. *Brief Description of the Character of Business Conducted in Rhode Island* GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Vice President Name
Street Address
City *State* *Zip*

Secretary Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Treasurer Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 NO PAR COM		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	W/O Par Com.	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] * 5 2 8 7 7 *

File Date: 2.24.98
Check No. 1087
By: LCP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John F. Fahey — 2/21/98
Signature of Officer *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
52877

2. Name of Corporation
John F. Fahey & Associates, Inc.

3. Street Address Principal Business Office 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI. *Zip* 02852

4. Business Phone No. 401-331-9848

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7880

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL INVESTIGATIONS AND OTHER LEGAL BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Vice President Name
Street Address
City *State* *Zip*

Secretary Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Treasurer Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name JOHN F. FAHEY
Street Address 151 BUENA VISTA DRIVE
City NORTH KINGSTOWN *State* RI *Zip* 02852

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 NO PAR COM		

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	NO PAR COM.	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 2 8 7 7 *

File Date: 3-3-97

Check No.: 1900 100

By:

FOR SECRETARY OF STATE USE ONLY

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.

John F. Fahey 2/28/97
Signature of Officer *Date*

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
52877	John F. Fahey & Associates, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
151 Buena Vista Drive	North Kingstown	R. I.	02852

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(401) 331-9848	RHODE ISLAND	7880

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
General Investigations and other legal business.

8. NAMES AND ADDRESSES OF THE OFFICERS

	PRESIDENT NAME	VICE PRESIDENT NAME
	John F. Fahey	[redacted]
STREET ADDRESS	151 Buena Vista Drive	
CITY / STATE / ZIP CODE	North Kingstown / R. I. / 02852	
SECRETARY NAME	John F. Fahey	TREASURER NAME: John F. Fahey
STREET ADDRESS	151 Buena Vista Drive	151 Buena Vista Drive
CITY / STATE / ZIP CODE	North Kingstown, / RI / 02852	North Kingstown / R. I. / 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS

	DIRECTOR NAME	DIRECTOR NAME
	John F. Fahey	
STREET ADDRESS	151 Buena Vista Drive	
CITY / STATE / ZIP CODE	North Kingstown / R. I. / 02852	
DIRECTOR NAME		
STREET ADDRESS		
CITY / STATE / ZIP CODE		

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500	NO PAR COM		100	NO PAR COM.	

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

John F. Fahey
Signature of Officer

JOHN F. FAHEY
Print or Type Name of Officer

PRESIDENT — 2/29/96
Title of Officer — Date

File Date: 3/1/96
Check No: 1669
By: CCR

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

CK # 1025 20

ANNUAL REPORT

Please Type or Print
File Annually -- Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0052877

Annual Report for the year: 1995

Name of Corporation: John F. Fahey & Associates, Inc.

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

[✓] Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island: GENERAL INVESTIGATOR SERVICES.

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
151 BUENA VISTA DRIVE
NORTH KINGSTOWN, R.I. 02852

Phone: (401) 331-9848

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: JOHN F. FAHEY	151 BUENA VISTA DRIVE	NORTH KINGSTOWN, R.I.	02852
VICE PRESIDENT:	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY: JOHN F. FAHEY	151 BUENA VISTA DRIVE	NORTH KINGSTOWN, R.I.	02852
TREASURER: JOHN F. FAHEY	151 BUENA VISTA DRIVE	NORTH KINGSTOWN, R.I.	02852

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: JOHN F. FAHEY	151 BUENA VISTA DRIVE	NORTH KINGSTOWN, R.I.	02852
NAME:	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME:	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
500	COMMON - A. NO PAR	100	COMMON - A NO PAR

Date January 1, 19 95

By: John F. Fahey

PRINT OR TYPE NAME OF OFFICER SIGNING: JOHN F. FAHEY

TITLE OF OFFICER SIGNING: PRESIDENT

Form 31 '/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHN F. FAHEY
151 BUENA VISTA DRIVE
NORTH KINGSTOWN RI 02852

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0052877 Annual Report for the year: 1994

Name of Business Entity: JOHN F. FAHEY & ASSOCIATES, INC.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
249 WICKENDEN STREET
PROVIDENCE, R.I. 02903

Phone: (401) 331-9848

Business Entity is (check one):

- [X] Business Corporation (See RIGL Chapter 7-1.1)
- [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
- [ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
JOHN F. FAHEY, PRESIDENT
P.O. BOX 5885
PROVIDENCE, R.I.

Brief statement of the character of business conducted in Rhode Island:
GENERAL INVESTIGATIVE (AND)

Date of Organization: 12/19/88

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [X] PRESIDENT (Check One)	JOHN F. FAHEY	249 WICKENDEN ST.	PROVIDENCE R.I	02903
[ ] CHIEF OPERATING OFFICER OR [X] VICE PRESIDENT (Check One)	JOHN F. FAHEY	(SAME)		
[ ] CUSTODIAN OF RECORDS OR [X] SECRETARY (Check One)	JOHN F. FAHEY	(SAME)		
[ ] CHIEF FINANCIAL OFFICER OR [X] TREASURER (Check One)	JOHN F. FAHEY	(SAME)		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
JOHN F. FAHEY	249 WICKENDEN ST.	PROVIDENCE, R.I	02903
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 500
CLASS A
SERIES Common
PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100
CLASS A
SERIES Common
PAR VALUE OR WITHOUT PAR No Par Value

Date 3/31 19 94

By John F. Fahey
JOHN F. FAHEY
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

MAR 31 1994
BY: [illegible]
11:32.

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

P/P 1992

Corporate ID 0052877 Annual Report for the year 1993

FIRST: The name of the corporation is JOHN F. FAHEY & ASSOCIATES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is GENERAL INVESTIGATIVE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 151 BUENA VISTA DRIVE
NORTH KINGSTOWN, R.I. 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
JOHN F. FAHEY	Director	P.O. Box 5885, PROVIDENCE R.I. 02903
	Director	
	Director	
JOHN F. FAHEY	President	P.O. Box 5885, PROVIDENCE, R.I. 02903
	Vice President	
JOHN F. FAHEY	Secretary	(SAME)
JOHN F. FAHEY	Treasurer	(SAME)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	A	COMMON	NO PAR VALUE

Rec'd & Filed MAR 12 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A	COMMON	NO PAR VALUE

Dated FEBRUARY 27, 19 93

JOHN F. FAHEY & ASSOCIATES, INC.
(Name of Corporation)

By John F. Fahey

Title PRESIDENT & SECRETARY

(Report must be signed by an officer)

Form 31 10/91

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052877 Annual Report for the year 1992

FIRST: The name of the corporation is John F. Fahey & Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Investigative

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 151 Buena Vista Drive
North Kingstown, R.I. 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John F. Fahey	Director	P.O. Box 5885, Providence, R.I. 02903
	Director	
	Director	
John F. Fahey	President	P.O. Box 5885, Providence, R.I. 02903
John F. Fahey	Vice President	(same)
John F. Fahey	Secretary	(same)
John F. Fahey	Treasurer	(same)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	A	common	no par value

Rec'd & Filed JUN 4 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A	common	no par value

Dated April 24 19 92

John F. Fahey & Associates, Inc.
(Name of Corporation)

By John F. Fahey

Title President & Secretary

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052877 Annual Report for the year 1991

FIRST: The name of the corporation is John F. Fahey & Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Investigative

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 5885, Providence, R.I. 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John F. Fahey	Director	P. O. Box 5885, Providence, R.I. 02903
	Director	
	Director	
John F. Fahey	President	P.O. Box 5885, Providence, R.I. 02903
	Vice President	
John F. Fahey	Secretary	P.O. Box 5885, Providence, R.I. 02903
John F. Fahey	Treasurer	P.O. Box 5885, Providence, R.I. 02903

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common Voting	A	no par value

PAID
MAR 04 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Voting	A	no par value

Dated February 21, 19 91

John F. Fahey & Associates, Inc.
(Name of Corporation)

By John F. Fahey

Title President & Secretary

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 052877 Annual Report for the year 1990

FIRST: The name of the corporation is John F. Fahey & Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General investigative

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 5885, Providence, R.I. 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John F. Fahey	Director	P.O. Box 5885, Providence, R.I. 02903
	Director	
	Director	
John F. Fahey	President	P.O. Box 5885, Providence, R.I. 02903
	Vice President	
John F. Fahey	Secretary	P.O.Box 5885, Providence, R.I. 02903
John F. Fahey	Treasurer	P.O. Box 5885, Providence, R.I. 02903

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common Voting	A	no par value

PAID MAR 05 1990

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Voting	A	no par value

Dated February 27, 19 90

John F. Fahey & Associates, Inc.
(Name of Corporation)

By John F. Fahey

Title President & Secretary

(Report must be signed by an officer)

Form 3: '/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052877 Annual Report for the year 1989

FIRST: The name of the corporation is John F. Fahey & Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General investigative

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 5885, Providence, R.I. 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John F. Fahey	Director	P.O. Box 5885, Providence, R.I. 02903
	Director	
	Director	
John F. Fahey	President	P.O. Box 5885, Providence, R.I. 02903
	Vice President	
John F. Fahey	Secretary	(Same)
John F. Fahey	Treasurer	(Same)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common Voting	A	No par value

PAID

MAR 07 1989

SECRETARY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Voting	A	No par value

Dated February 27, 19 89

John F. Fahey & Associates, Inc.
(Name of Corporation)

By John F. Fahey

Title President & Secretary

(Report must be signed by an officer)

Form 31 1/85