RI SOS Filing Number: 202193281460 Date: 2/25/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FILED ST
FEB 25 2021
BY 2046

1. Entity ID Number	2. Exact name of the Corporation
58758	JOHN MEEHAN ASSOCIATES INC

3. Principal Office Address	City	State	Zip
1 THURBER BLVD STE D	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236110	REAL ESTATE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MARY LOU FERRI			Vice-President Name:		
Street Address: 35 ST JAMES LANE			Street Address:		
City: NO SCITUATE	State: RI	Zip: 02857	City:	State:	Zip:
Secretary Name: MARY LOU FERRI			Treasurer Name: MARY LOU FERRI		
Street Address: 35 ST JAMES LANE			Street Address: 35 ST JAMES LANE		
City: NO SCITUATE	State: RI	Zip: 02857	City: NO SCITUATE	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MARY LOU FERRI			Director Name:		
Street Address: 35 ST JAMES LANE			Street Address:		
City: NO SCITUATE	State: RI	Zip: 02857	City:	State:	Zip:
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 ☐

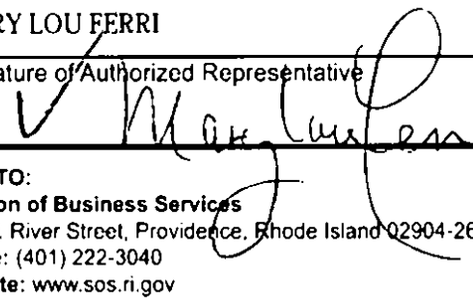
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	

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	Date
MARY LOU FERRI	2/20/2021

Signature of Authorized Representative



MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020