State of Rhode Island and Providence Plantations

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
MAR 17 2021
BY 13553

1. Entity ID Number	2. Exact name of the Corporation
14652	John J. Neary, Inc.

3. Principal Office Address	City	State	Zip
103 Cottage Street	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
483990	To offer and sell Piloting services
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Dorothy M. Neary	Dorothy M. Neary
Street Address: 40 Brentwood Drive	Street Address: 40 Brentwood Drive
City: Providence, State: RI, Zip: 02908	City: Providence, State: RI, Zip: 02908
Secretary Name	**Treasurer Name**
Dorothy M. Neary	Dorothy M. Neary
Street Address: 40 Brentwood Drive	Street Address: 40 Brentwood drive
City: Providence, State: RI, Zip: 02908	City: Providence, State: RI, Zip: 02908

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

Director Name	Director Name
John F. Neary	Dorothy M. Neary
Street Address: 103 Cottage Street	Street Address: 40 Brentwood Drive
City: Pawtucket, State: RI, Zip: 02860	City: Providence, State: RI, Zip: 02908
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	Common	No Par

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
Dorothy M. Neary	3/12/21

Signature of Authorized Representative: Dorothy M. Neary SIGN DOCUMENT HERE

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