



State of Rhode Island

Department of State - Business Services Division

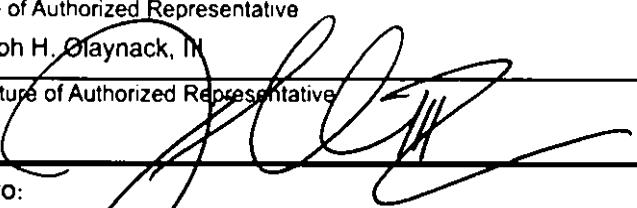
FILED

Annual Report for the year: 2021
Corporation

JUN 4 2021

BY 18018

- 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 000004835	2. Exact name of the Corporation Corcoran, Peckham, Hayes, Leys & Olaynack, PC						
3. Principal Office Address 43-B Memorial Boulevard	City Newport	State RI	Zip 02840				
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island to provide legal services - general practice of law						
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Patrick O'N Hayes, Jr.			Vice-President Name				
Street Address 43-B Memorial Blvd.			Street Address				
City Newport	State RI	Zip 02840	City	State	Zip		
Secretary Name Matthew H. Leys			Treasurer Name Joseph H. Olaynack, III				
Street Address 43-B Memorial Blvd.			Street Address 43-B Memorial Blvd.				
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 Patrick O'N Hayes, Jr.			Director Name Joseph H. Olaynack, III				
Street Address 43-B Memorial Blvd.			Street Address 43-B Memorial Blvd.				
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840		
Director Name Matthew H. Leys			Director Name				
Street Address 43-B Memorial Blvd.			Street Address				
City Newport	State RI	Zip 02840	City	State	Zip		
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES			
		660		common		no par value	
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. <i>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.</i>							
Name of Authorized Representative Joseph H. Olaynack, III				Date June 1, 2021			
Signature of Authorized Representative 							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov