



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	PAR VALUE
		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. 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 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