

RECEIVED R.I. DEPT. OF STATE **BUS SVCS DIV**



State of Rhode Island

Department of State - Business Services Division 9: 00

1 2021 SEP 24 P 3: 22

Annual Report for the year:	202 Î	
Corporation		

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

Entity ID Number	Exact name of the Corporation							
001679397	McCart	McCarthy Bouley Barry & Morgan PC						
3. Principal Office Address		City		State Zip				
400 Fifth Avenue, Suite 520		Waltham		MA	02451			
4. NAICS Code	6. Brief des	Brief description of the character of business conducted in Rhode Island						
541190	Legal Ser	Legal Services						
5. State of Incorporation								
Massachusetts								
7. List ALL officers (names a	nd addresses)			Check	the box to	indicate an attachment 🖸		
President Name			Vice-Preside	Vice-President Name				
Street Address			Street Addre	Street Address				
			0.70077.00.0					
City	State	Zip	City		State	Zip		
Secretary Name		<u> </u>	Treasurer N	Transport Name				
- Cooler, Ivania			neasure wante					
Street Address		Street Address						
City	State	Zip	City	 	State	Zip		
8. List ALL directors (names	and addresses)			Check	the box to	indicate an attachment 🗷		
Director Name			Director Nar					
Street Address		Street Address						
Olicel / Notices		Street Address						
City	State	Zip	City		State	Zip		
Director Name	·· · · · · · · · · · · · · · · · · · ·	····	Director Nan	ne	.			
Street Address		Street Addre	Street Address					
~ <u>-</u>		1		. <u>-</u>				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu		ued Check the box to indicate an attachment □				
This information is currently of record in the		NUMBER OF SHARES			CLASS/SERIES PAR VALUE			
Department of State. 6 Changes require an additional filing.		6,700		Common		NPV		
								
11. This report must be execu	ited on behalf of the	compration by a	n authorized room	acontative If the come	ration is in	the hands of a constitution		
<u>rustee, this report must be ex</u>	xecuted on behalf o	f the corporation b	y the receiver or	trustee				
Under penalty of perjury, I d	declare and affirm	that I have exam	ined this report,	including any accor	npanying s	chedules and		
tatements, and that all startant and Authorized Representations.	<i>tements contained</i> ntative	nerein are true :	and correct.		Date	· · · · · · · · · · · · · · · · · · ·		
Douglas AMorgan					G	1/24/2-1		
Signature of Authorized Repr	essyltative /	7 -		·	- 	10.10		
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1 1								

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Y SEP 2 8 2021

FORM 630 - Revised: 08/2020

ATTACHMENT STATE OF RHODE ISLAND ANNUAL REPORT FOR THE YEAR 2020

7. List ALL officers:

President
Douglas A. Morgan
97 Pond Street
Westwood, MA 02090

Vice President
James J. Barry
55 Richwood Street
West Roxbury, MA 02132

Secretary Rebecca G. Capozzi 25 Overlook Road Wakefield, MA 01880

8. List ALL directors:

Douglas A. Morgan 97 Pond Street Westwood, MA 02090

James J. Barry 55 Richwood Street West Roxbury, MA 02132

Rebecca G. Capozzi 25 Overlook Road Wakefield, MA 01880