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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.

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2021 OCT 27 PM 2:44

1. Entity ID Number	2. Exact name of the Corporation		
001678000	Burns & Farrey, P.C.		
3. Principal Office Address: 446 Main Street	City: Worcester	State: MA	Zip: 01608
4. NAICS Code: 541110	6. Brief description of the character of business conducted in Rhode Island: Law Firm		
5. State of Incorporation: Massachusetts			

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

President Name: Thomas B. Farrey, III			Vice-President Name: None		
Street Address: 446 Main Street			Street Address:		
City: Worcester	State: MA	Zip: 01608	City:	State:	Zip:
Secretary Name: Thomas B. Farrey, III			Treasurer Name: Thomas B Farrey, III		
Street Address: 446 Main Street			Street Address: 446 Main Street		
City: Worcester	State: MA	Zip: 01608	City: Worcester	State: MA	Zip: 01608

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

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	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
0		

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: Thomas B. Farrey, III

Date: 10/27/2021

Signature of Authorized Representative: DocuSigned by: Thomas Farrey 3136AE85A495477

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BY: QB2V6GAQ

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

FORM 630 - Revised: 08/2020