



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- 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 88764		2. Exact name of the Corporation A.M. Construction, INC.			
3. Principal Office Address P.O. Box 596			City Greenville	State RI	Zip 02828
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To perform all types of carpentry work.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose N. Andrade			Vice-President Name Maria M. Andrade		
Street Address P.O. Box 596			Street Address P.O. Box 596		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Jose N. Andrade			Treasurer Name Jose N. Andrade		
Street Address P.O. Box 596			Street Address P.O. Box 596		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jose N. Andrade			Director Name		
Street Address P.O. Box 596			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		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 JOSE N. ANDRADE					Date 2-16-17
Signature of Authorized Representative <i>[Signature]</i>					

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

FILED
MAR 01 2017
 BY *[Signature]*