



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

RECEIVED STATE  
 SECRETARY'S OFFICE  
 CORPORATION DIVISION  
 2018 OCT 18 AM 11:59

**Annual Report for the year: 2018**  
**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 <b>88764</b>		2. Exact name of the Corporation <b>A.M. CONSTRUCTION, INC.</b>			
3. Principal Office Address <b>P.O. BOX 596</b>			City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
4. NAICS Code <b>23 1110</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO PERFORM ALL TYPES OF CARPENTRY WORK.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSE N. ANDRADE</b>			Vice-President Name <b>MARIA M. ANDRADE</b>		
Street Address <b>P.O. BOX 596</b>			Street Address <b>P.O. BOX 596</b>		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name <b>JOSE N. ANDRADE</b>			Treasurer Name <b>JOSE N. ANDRADE</b>		
Street Address <b>P.O. BOX 596</b>			Street Address <b>P.O. BOX 596</b>		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSE N. ANDRADE</b>			Director Name		
Street Address <b>P.O. BOX 596</b>			Street Address		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>			<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <i>Jose Andrade</i>				Date <i>10-16-18</i>	
Signature of Authorized Representative 				<b>FILED</b>	
SIGN DOCUMENT HERE <b>OCT 18 2018</b>					

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

BY KL 1MNTX  
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