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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
17855	Northern Construction Co., Inc.			
3. Street Address Principal Business Office		City	State	Zip
151 Rocky Hill Road		No. Smithfield	RI	02896
4. Business Phone No.	5. State of Incorporation			
(401) 769-2800	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
General Construction

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Roger C. Therien			n/a		
Street Address			Street Address		
151 Rocky Hill Road					
City	State	Zip	City	State	Zip
No. Smithfield	RI	02896			
Secretary Name			Treasurer Name		
Roger C. Therien			Roger C. Therien		
Street Address			Street Address		
151 Rocky Hill Road			151 Rocky Hill Road		
City	State	Zip	City	State	Zip
No. Smithfield	RI	02896	No. Smithfield	RI	02896

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Roger C. Therien					
Street Address			Street Address		
151 Rocky Hill Road					
City	State	Zip	City	State	Zip
No. Smithfield	RI	02896			
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600.00	CNP	0,00

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.

[redacted] [redacted]

FILED
File Date NOV 21 2011
Check No. By MNC
By: 1204
FOR SECRETARY OF STATE USE ONLY

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.

X Roger C Therien 11-17-2011
Signature *Date*

Roger C. Therien
Print or Type Name

[redacted] President
Title

69816-7-684842

Form 630 Rev. 08/08