



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 114300		2. Exact name of the Corporation C.H. Nickerson + Co. Inc.		
3. Principal office address 49 Haydon Hill Rd		City Torrington	State CT	Zip 06790
4. Business Phone No. 860-489-0455		5. State of Incorporation Connecticut		
6. Brief description of the character of business conducted in Rhode Island General Contractor				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jonathan Miller		Vice-President Name Stanley Bujalski		
Street Address 35 Rockwell Court		Street Address 95 Partridge Run		
City Goshen	State CT	Zip 06756	City Bristol	State CT
Secretary Name Paul Griffin		Treasurer Name Arthur Machen		
Street Address 157 Migeon Ave		Street Address 270 Cliffside Drive		
City Torrington	State CT	Zip 06790	City Torrington	State CT
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Brian Nickerson		Director Name Janer Nickerson		
Street Address 318 Eagle Drive		Street Address 1184 Torrington ST		
City Jupiter	State FL	Zip 33477	City Torrington	State CT
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		326	Common A	0
		3406	Common B	0

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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JAN 18 2013

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.

Signature of Authorized Representative: Arthur Machen Date: 1/15/13
 Print or Type Name of Authorized Representative: ARTHUR MACHEN

CR# 65501