



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. 141484		2. Exact name of the Corporation HURLEY CONSTRUCTION, INC.								
3. Principal office address 30 DAVIDS WAY			City WAKEFIELD	State RI	Zip 02879					
4. Business Phone No. 784-3133			5. State of Incorporation RHODE ISLAND							
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND INDUSTRIAL AND RESIDENTIAL CONSTRUCTION										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name TIMOTHY P. HURLEY			Vice-President Name CHRISTOPHER HURLEY							
Street Address 30 DAVIDS WAY			Street Address 30 DAVIDS WAY							
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879					
Secretary Name TIMOTHY P. HURLEY			Treasurer Name CHRISTOPHER HURLEY							
Street Address 30 DAVIDS WAY			Street Address 30 DAVIDS WAY							
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name TIMOTHY P. HURLEY			Director Name CHRISTOPHER HURLEY							
Street Address 30 DAVIDS WAY			Street Address 30 DAVIDS WAY							
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
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		
						301		No par value		

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 30 2013

BY 5855

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.

Timothy P. Hurley 1/21/13
 Signature of Authorized Representative Date
TIMOTHY P. HURLEY

Print or Type Name of Authorized Representative