

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 _

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.		me of the Corporation	A.1.0.1.0.1 W.L.2.1.2.0			
154655	G. Don	G. Donovan Associates, Inc.				
3. Principal office address			City	State	Zip	
627 Route 32			Franklin	СТ	06254	
4. Business Phone No. 860-642-0700			5. State of Incorporation Connecticut			
6. Brief description of the char			1			
General Contractors	Construction	on				
7. LIST ALL OFFICERS (NA	MES AND ADDE	RESSES) ("X" BOX FOR A	TACHMENT			
President Name G. Scott Donovan			Vice-President Name Peter E. Reinhold, Jr.			
Street Address 92 Eager Road			Street Address 16 Tyler Road			
City Franklin	State CT	Zip 06254	City Windham	State CT	Zip 06280	
Secretary Name Peter E. Reinhold, Jr.			Treasurer Name Peter E. Reinhold, Jr.			
Street Address 16 Tyler Road			Street Address 16 Tyler Road			
City Windham	State CT	Zip 06280	City Windham	State CT	Zip	
8. LIST <u>ALL</u> DIRECTORS (N	AMES AND ADD	DRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name G. Scott Donovan			Director Name Peter E. Reinho	ld, J		
Street Address 92 Eager Road			Street Address 16 Tyler Road			
City Franklin	State CT	Zip 06254	City Windham	State CT	Zip 06280	
Director Name Vincent Attwater-You	ng		Director Name	···		
Street Address 375 Chapel Hill Road			Street Address			
City Oakdale	State CT	Zip 06370	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.			1000	Preferred	100.00	
See Section 9 of instruction sheet.		5000	Common	10.00		
This report must be executed					of a receiver or trustee,	
	uns report mu	ist be executed on behalf of		eceiver or trustee. erjury, I declare and affir	m that I have evamined	
File Date			this report, includi	ng any accompanying so	hedules and statements,	
Check No		FEB 0 4 2013	and that all stateme	ents contained herein and	e true and correct. 01/30/2013	
Ву:			Signature of Author	zed Representative	01/30/2013 Date	
FOR SECRETARY OF STATE USE ONE			G. Scott Donovan, President			
Form No. 630 Revised: 01/2012		29189239	Print or Type Name	of Authorized Representa	tive	