



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 2014

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(c), 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. 3689		2. Name of Corporation H. Carr & Sons, Inc.			
3. Street Address Principal Business Office 100 Royal Little Drive			City Providence	State RI	Zip 02904
4. Business Phone No. (401) 331-2277		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Interior and Exterior Construction Servicing, Construction Management.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James L. Carr, Jr.			Vice President Name John J. Fitzgibbons, Jr.		
Street Address 8 Timber Ledge Drive			Street Address 113 Metcalf Road		
City Holliston	State MA	Zip 01746	City North Attleboro	State MA	Zip 02760
Secretary Name Angela Rossi			Treasurer Name Mary Anne Wood		
Street Address 301 Woodhaven Court			Street Address 8 Timber Ledge Drive		
City Cranston	State RI	Zip 02920	City Holliston	State MA	Zip 01746
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James L. Carr, Jr.			Director Name None		
Street Address 8 Timber Ledge Drive			Street Address		
City Holliston	State MA	Zip 01746	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 26		Class/Series Common		Par Value No Par	
THIS SECTION MUST BE COMPLETED					

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.

FILED

MAR 03 2014

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

BY

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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

James L. Carr, Jr.

Print or Type Name

President

Title

Date

2/21/14