



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 2014

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. 000019371		2. Exact name of the Corporation WALTER E. REYNOLDS GENERAL CONTRACTOR, INC.			
3. Principal office address 2 REYNOLDS COURT		City COVENTRY		State RI	Zip 02816
4. Business Phone No. 401-828-9970		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name PHILIP E. REYNOLDS			Vice-President Name PHILIP E. REYNOLDS		
Street Address 1 REYNOLDS COURT			Street Address 1 REYNOLDS COURT		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name PHILIP E. REYNOLDS			Treasurer Name PHILIP E. REYNOLDS		
Street Address 1 REYNOLDS COURT			Street Address 1 REYNOLDS COURT		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name PHILIP E. REYNOLDS			Director Name		
Street Address 1 REYNOLDS COURT			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			100	CNP	NO PAR

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:

BY

FOR SECRETARY OF STATE USE ONLY

MAR 24 2014

13943

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the statements contained herein are true and correct.

Signature of Authorized Representative

Date

PHILIP E. REYNOLDS

Print or Type Name of Authorized Representative