



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.<br>155035   |               | 2. Exact name of the Corporation<br>HBC Construction Company Inc |  |              |              |
| 3. Principal office address<br>76 RIVERFARM RD.  |               |  | City<br>CRANSTON   | State<br>RI  | Zip<br>02910 |
| 4. Business Phone No.<br>401-383-1545  |               |  | 5. State of Incorporation<br>R.I.  |              |              |
| 6. Brief description of the character of business conducted in Rhode Island<br>GENERAL CONTRACTOR  |               |  |  |              |              |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |               |  |  |              |              |
| President Name<br>Christopher M. Halton  |               |  | Vice-President Name  |              |              |
| Street Address<br>76 RIVERFARM RD.   |               |  | Street Address   |              |              |
| City<br>CRANSTON   | State<br>R.I. | Zip<br>02910   | City   | State        | Zip          |
| Secretary Name   |               |  | Treasurer Name   |              |              |
| Street Address   |               |  | Street Address   |              |              |
| City   | State         | Zip  | City   | State        | Zip          |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>   |               |  |  |              |              |
| Director Name  |               |  | Director Name  |              |              |
| Street Address   |               |  | Street Address   |              |              |
| City   | State         | Zip  | City   | State        | Zip          |
| Director Name  |               |  | Director Name  |              |              |
| Street Address   |               |  | Street Address   |              |              |
| City   | State         | Zip  | City   | State        | Zip          |
| <b>9. SHARES AUTHORIZED</b>  |               |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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    |
|  |               |  | 0  |              |              |

JUN 30 AM 10:07  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

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**

JUN 30 2014

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.

*Christopher M. Halton*  
 Signature of Authorized Representative Date 6/31/2014

Christopher M. Halton  
 Print or Type Name of Authorized Representative

BY 3471706  
 10.15