



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 **2015**

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. 000013950		2. Exact name of the Corporation Narragansett Improvement Company			
3. Principal office address 223 Allens Avenue			City Providence	State RI	Zip 02903
4. Business Phone No. 401-331-7420		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Asphalt plant and heavy construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John E. Everson			Vice-President Name Jon S. Toegemann		
Street Address 223 Allens Avenue			Street Address 223 Allens Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Dustin J. Everson			Treasurer Name Dustin J. Everson		
Street Address 223 Allens Avenue			Street Address 223 Allens Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John E. Everson			Director Name		
Street Address 223 Allens Avenue			Street Address		
City Providence	State RI	Zip 02903	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) <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
			436	Common	100.00

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

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.

DEC 29 2014

John E. Everson
 Signature of Authorized Representative

12/12/2014
 Date

BY 067314

John E. Everson
 Print or Type Name of Authorized Representative