



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 2013**

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><b>654667</b>  |                    | 2. Exact name of the Corporation<br><b>JWT Construction Ltd.</b> |   |                     |           |
| 3. Principal office address<br><b>134 Fatima Drive</b>   |                    | City<br><b>Warren</b>  | State<br><b>RI</b>  | Zip<br><b>02885</b> |           |
| 4. Business Phone No.<br><b>401-595-7474</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>                 |   |                     |           |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Excavation</b>   |                    |  |   |                     |           |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                     |           |
| President Name<br><b>John H. Marshall</b>  |                    |  | Vice-President Name   |                     |           |
| Street Address<br><b>134 Fatima Drive</b>  |                    |  | Street Address  |                     |           |
| City<br><b>Warren</b>  | State<br><b>RI</b> | Zip<br><b>02885</b>  | City  | State               | Zip       |
| Secretary Name<br><b>WENDY MCKELLAN</b>  |                    |  | Treasurer Name  |                     |           |
| Street Address<br><b>32 SWEENEY LANE</b>   |                    |  | Street Address  |                     |           |
| City<br><b>BRISTOL</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>  | City  | State               | Zip       |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <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       |
| 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 |
|  |                    |  | 8000  | STK                 | .001      |

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: \_\_\_\_\_

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Form No. 630  
Revised: 01/2012

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BY 242571

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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.

John H Marshall 12/31/2014  
Signature of Authorized Representative Date

JOHN H MARSHALL  
Print or Type Name of Authorized Representative