

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

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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. 141484	2. Exact na HURLE	2. Exact name of the Corporation HURLEY CONSTRUCTION, INC.					
3. Principal office address 30 DAVIDS WAY			City WAKEFIELD		State RI	Zip 02879	
4. Business Phone No. 828-2100			5. State of Incorporation RHODE ISLAND				
6. Brief description of the chara COMMERCIAL AND IN	DUSTRIAL	AND RESIDENTIAL (CONSTRUCTION	_			
President Name TIMOTHY P. HURLEY			Vice-President Name CHRISTOPHER HURLEY				
Street Address 30 DAVIDS WAY			Street Address 30 DAVIDS WAY				
WAKEFIELD	State RI	Zip 02879	City WAKEFIELD		State RI	Zip 02879	
Secretary Name TIMOTHY P. HURLEY			Treasurer Name CHRISTOPHER HURLEY				
Street Address 30 DAVIDS WAY			Street Address 30 DAVIDS WAY				
City WAKEFIELD	State RI	Zip 02879	City State RI		State RI	Zip 02879	
Director Name TIMOTHY P. HURLEY			Director Name CHRISTOPHER HURLEY				
Street Address 30 DAVIDS WAY			Street Address 30 DAVIDS WAY				
City WAKEFIELD	State RI	Zip 02879	City State RI			Zip 02879	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
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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/SE	- Lawrence - Lawrence	PAR VALUE	
			301			NO PAR VALUE	
This report must be executed o	n behalf of the this report mu	corporation by an authorize ist be executed on behalf of	l d representative. If the o the corporation by the re	corporation in eceiver or tr	is in the hand ustee.	ls of a receiver or trustee,	



FILED

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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 of Authorized Representative

Date

TIMOTHY P. HURLEY

Form No. 630
Print or Type Name of Authorized Representative
Revised: 01/2012