

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

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No.		2. Exact name of the Corporation				
20467	JAMES	JAMES J. O'ROURKE, INC.				
20401		·				
3. Principal office address 21 PINE STREET			City WARWICK	State RI	Zip 02888	
4. Business Phone No. 401-785-9850			5. State of Incorporation RHODE ISLAND			
6. Brief description of the chara ELECTRICAL CONSTR		s conducted in Rhode Islar	nd			
7. LIST <u>all</u> officers (nam	ES AND ADDR	ESSES) ("X" BOX FOR	TTACHMENT).	Control of the Contro		
President Name WILLIAM F. O'ROURKE			Vice-President Name CHRISTOPHER W. O'ROURKE			
Street Address 39 TIMBERLINE ROAD			Street Address 111 TERRACE DRIVE			
WARWICK	State RI	Zip 02886	City EAST GREENWICH State RI		Zip 02818	
Secretary Name CHRISTOPHER W. O'ROURKE			Treasurer Name EDWARD F. DWYER			
Street Address 111 TERRACE DRIVE			Street Address 230 NARRAGANSETT PARKWAY			
EAST GREENWICH	State RI	Zip 02818	City State RI		Zip 02888	
LIST <u>ALL</u> DIRECTORS (NAM	MES AND ADD	RESSES) ("X" BOX FOR	The control of the co			
Director Name WILLIAM F. O'ROURKE			Director Name JEFFREY J. NOLIN			
treet Address 39 TIMBERLINE ROAD			Street Address 276 CURTIS CORNER ROAD			
WARWICK	State RI	Zip 02886	City State RI		Zip 02879	
irector Name			Director Name			
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUEI	O (EXPEDIX FOR ANTIA)	HMENTA SEE	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his Information is currently of record in the Office of the Secretary f State. Changes require an additional filing. see Section 9 of instruction sheet.			7000	COMMON	NO PAR	
This report must be executed on		orporation by an authorize t be executed on behalf of			ds of a receiver or trustee,	
File Date			Under penalty of po	erjury, I declare and af	firm that I have examined schedules and statements are true and correct.	
Check No	The second secon	المنطق عصاب المادات	1/2 1	4	2:26	
By:		MAR 0 2 2015	Signature of Authorized Representative Date			
FOR SECRETARY OF STATE I	USE ONLY	2601				
rm No. 630	DI	2 401	Print or Type Name	of Authorized Represen	tative	

Revised: 01/2012

EDWARD F. DWYER TREASURER JAMES J. O'ROURKE, INC.