



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. 20467		2. Exact name of the Corporation JAMES J. O'ROURKE, INC.			
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 character of business conducted in Rhode Island ELECTRICAL CONSTRUCTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WILLIAM F. O'ROURKE			Vice-President Name CHRISTOPHER W. O'ROURKE		
Street Address 39 TIMBERLINE ROAD			Street Address 111 TERRACE DRIVE		
City 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		
City EAST GREENWICH	State RI	Zip 02818	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WILLIAM F. O'ROURKE			Director Name JEFFREY J. NOLIN		
Street Address 39 TIMBERLINE ROAD			Street Address 276 CURTIS CORNER ROAD		
City WARWICK	State RI	Zip 02886	City WAKEFIELD	State RI	Zip 02879
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
			7000	COMMON	NO PAR

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: _____

MAR 02 2015

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

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

Print or Type Name of Authorized Representative

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