

## 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.

	Stephe	n Sullivan, Inc.			
3. Principal office address 477 High Street			City Peace Dale	State RI	Zip <b>02879</b>
1. Business Phone No.			5. State of Incorporation  Rhode island		
. Brief description of the charactor To engage in all aspect	ter of business	conducted in Rhode Island nstruction industry, r	esidential and cor	nmercial.	
LIST ALL OFFICERS (NAMI	ES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)		
President Name Stephen Sullivan			Vice-President Name Stephen Sullivan		
Street Address 477 High Street			Street Address 477 High Street		
City Peace Dale	State <b>RI</b>	Zip <b>02879</b>	City Peace Dale	State <b>RI</b>	Zip <b>02879</b>
Secretary Name Stephen Sullivan			Treasurer Name Stephen Sullivan		
Street Address 477 High Street			Street Address 477 High Street		
City Peace Dale	State <b>RI</b>	Zip 02879	City Peace Dale	State RI	Zip 02879
8. LIST <u>all</u> directors (names and addresses) ("X" box for A					
Director Name			Director Name		
Street Address			Street Address		
Dity	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)		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.			100	Common	no par value
This report must be executed	on behalf of the	e corporation by an authorize ust be executed on behalf o	ed representative. If the	corporation is in the hand receiver or truetee.	s of a receiver or trustee
File Data		uot de executeu un denan u	Under peralty of p	eriury, I declare and affi no any accompanying a	chedules and statemer
File Date			and that all states	ents contained hereix a	re true and correct.
Ву:		FILED	Signature of Autho	rized Representative	Date
FOR SECRETARY OF STAT	E USE ONLY	<u> </u>	Print or Tynd Name	of Authorized Represent	tative
Form <b>No. 630</b> Revised: 01/2 <b>01</b> 2		MAR 0 6 2015	Time of Type Hallis	while he said top 1 down	