



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. 810944		2. Exact name of the Corporation Crane Salvage, Inc.			
3. Principal office address 149 Selwyn Way #149			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 421-7894			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island In the business of buying and selling recyclable metal materials and removing abandoned vehicles and for any other legal purposes for which a company may legally conduct business					
President Name Raymond Selwyn, Jr.			Vice-President Name		
Street Address 149 Selwyn Way #149			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Raymond Selwyn, Jr.			Treasurer Name Raymond Selwyn, Jr.		
Street Address 149 Selwyn Way #149			Street Address 149 Selwyn Way #149		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Raymond Selwyn, Jr.			Director Name		
Street Address 149 Selwyn Way #149			Street Address		
City Providence	State RI	Zip 02908	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)		
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
			100		no par value

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 26 2015

By 1037

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

Raymond Selwyn, Jr.

Print or Type Name of Authorized Representative

Date

1/29/15