

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

2014 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				
145254	NORTEC	NORTECH CONSTRUCTION COMPANY, INC				
3. Principal office address 227 WEST SHORE DRIVE			City EXETER	State RI	Zip 02822	
4. Business Phone No.			5. State of Incorporation RHODE ISLAND			
6. Brief description of the TO OWN AND OPER	character of busines ATE A CONSTRU	s conducted in Rhode Islan CTION BUSINESS	d			
7. LIST ALL OFFICERS (NAMES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name HARRY HAWKER III			Vice-President Name HARRY HAWKER III			
Street Address 227 WEST SHORE DRIVE			Street Address 227 WEST SHORE DRIVE			
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822	
Secretary Name HARRY HAWKER III			Treasurer Name HARRY HAWKER III			
Street Address 227 WEST SHORE DRIVE			Street Address 227 WEST SHORE DRIVE			
City EXETER	State RI	Zip 02822	City State RI		^{Zip} 02822	
	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip O	
Director Name			Director Name		-9 AAR	
Street Address			Street Address			
City	State	Zip	City	State	Zip?: 0 S]	
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	1.00	
This report must be execu		corporation by an authorize st be executed on behalf of			s of a receiver or trustee,	
File Date			Under penalty of p	erjury, I declare and affining any accompanying s	rm that I have examined chedules and statements,	
Check No		OCT 0.9 2015		ents contained herein a	re true and correct.	
FOR SECRETARY OF STATE USE ONLY BY CL258 17 1			Signature of Authorized Representative Date			
FOR SECRETARY OF S	TATE USE ONLY	BY CHUSSII	HARRY HAWK			
orm No. 630		12:03	Print or Type Name	of Authorized Representa	ative	

Form No. 630 Revised: 01/2012