Stat	e of Rhode Island and Pro	vidence Plantations	Fee: \$50.
	Office of the Secret		ree: 550.
	Division Of Business	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	940	
oreign Business Corpo	oration		
nnual Report ling Period: January 1 - March	n 1		
	.2-1501(e), each corporation faili lays after the time prescribed by		
c&d)) is subject to a penalty fe			
ANNUAL REPORT YEAR: 20	16		
1. Corporate ID No. 000	394064		
·			
2. Name of Corporation Th	e Haynes Group, Inc.		
3. Street Address Principal E	Business Office:		
No. and Street: 14 NOR	FOLK AVENUE		
City or Town: <u>EASTO</u>		e: <u>MA</u> Zip: <u>02375</u> Country:	<u>USA</u>
4. Business Phone No.			
4. Dusiness Filone No.			
<u>5082309494</u>			
5. State of Incorporation			
State: <u>MA</u>			
6. Brief Description of the C	haracter of Business Conducte	ed in Rhode Island	
GENERAL CONTRACTO	R AND CONSTRUCTION M	ANAGEMENT	
7. Names and Addresses of	the Officers and Directors:		
All officers and directors	must be listed.		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code	, Country
PRESIDENT	BRYAN HAYNES	44 DAY ST.	•
		NORTH EASTON, MA 02356 US	А
SECRETARY	NICOLE VERNAZZARO		
SECRETARY	NICOLE VERNAZZARO	14 NORFOLK AVE SOUTH EASTON, MA 02375 US	A
SECRETARY VICE PRESIDENT	NICOLE VERNAZZARO		

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	10,000.00	200
Signed this 22 Day of Dece <i>individual or individuals sig</i> <i>of the signatory, under pend</i> <i>the act and deed of the corp</i> <i>electronic filing, in complia</i>	Ember, 2015 at 11:1 gning this instrument ulties of perjury, that poration, and that the	constitutes the affirm this instrument is tha e facts stated herein a	ation or acknown t individual's act	ledgement and deed or
BV MICOLE VEDNA77AI				
By <u>NICOLE VERNAZZA</u> Signature of Authorized F		Corporation		
	Representative of the C		the form and he/s	she is not
Signature of Authorized F	Representative of the C		the form and he/s	she is not