RI SOS Filing Number: 201589691210 Date: 12/23/2015 4:00 PM

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 2016

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.	2. Exact name of the Corporation
000013950	Narragansett Improvement Company

3. Principal office address	City	State	Zip
223 Allens Avenue	Providence	RI	02903

4. Business Phone No.	5. State of Incorporation
401-331-7420	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Asphalt plant and heavy construction

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
John E. Everson	223 Allens Avenue	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Jon S. Toegemann	223 Allens Avenue	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Dustin J. Everson	223 Allens Avenue	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Dustin J. Everson	223 Allens Avenue	Providence	RI	02903

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
John E. Everson	223 Allens Avenue	Providence	RI	02903
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
436	Common	100.00

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
DEC 23 2015
By 263970
A.A.

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
John E. Everson John E Everson 12-23-15
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
129853-1-1063229