



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

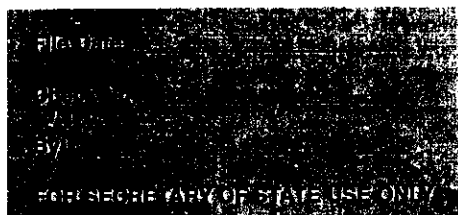
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 793724 | | 2. Exact name of the Corporation Ron Wright Inc. | | | |
| 3. Principal office address 1211 River Rd. | | City Hamilton | | State NY | Zip 13346 |
| 4. Business Phone No. 315-824-2128 | | 5. State of Incorporation NY | | | |
| 6. Brief description of the character of business conducted in Rhode Island Commercial construction | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) | | | | | |
| President Name Ronald J. Wright Jr. | | | Vice-President Name | | |
| Street Address 6432 Armstrong Rd. | | | Street Address | | |
| City Hamilton | State NY | Zip 13346 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) | | | | | |
| Director Name Ronald J Wright Jr. | | | Director Name | | |
| Street Address 6432 Armstrong Rd. | | | Street Address | | |
| City Hamilton | State NY | Zip 13346 | 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 |
| | | | 0 | | 0 |
| | | | | | |

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.



FILED

DEC 28 2015

Signature

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

10/05/2015

Signature of Authorized Representative

Date

Chani Wright

Print or Type Name of Authorized Representative

A.A 12:17 p.m.