



**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. 523323		2. Exact name of the Corporation SAY GRAY IMPROVEMENTS INC					
3. Principal office address 75 BURDICKVILLE RD				City Charlestown	State RI	Zip 02813	
4. Business Phone No. 401-741-0676				5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL CARPENTRY / CARPENTER							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name SEAN A GRAY				Vice-President Name RONNETT M GRAY			
Street Address 75 BURDICKVILLE RD				Street Address 75 BURDICKVILLE RD			
City Charlestown	State RI	Zip 02813		City Charlestown	State RI	Zip 02813	
Secretary Name N/A				Treasurer Name N/A			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name N/A				Director Name N/A			
Street Address N/A				Street Address N/A			
City	State	Zip		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) <input type="checkbox"/>			
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 - NONE			

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

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.

Sean A Gray 2/14/16  
 Signature of Authorized Representative Date

SEAN A GRAY  
 Print or Type Name of Authorized Representative

FILED

FEB 18 2016

BY KL 1235