



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 00690487		2. Exact name of the Corporation D.H. GRIFFIN WRECKING COMPANY, INC.			
3. Principal office address 4716 HILLTOP ROAD		City GREENSBORO	State NC	Zip 27407	
4. Business Phone No. (336) 855-6488		5. State of Incorporation NC			
6. Brief description of the character of business conducted in Rhode Island CONTRACT DEMOLITION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID H. GRIFFIN, JR.			Vice-President Name MELODY G. LONDON		
Street Address 4716 HILLTOP ROAD			Street Address 4716 HILLTOP ROAD		
City GREENSBORO	State NC	Zip 27407	City GREENSBORO	State NC	Zip 27407
Secretary Name BENITA G. MITCHELL			Treasurer Name BENITA G. MITCHELL		
Street Address 4716 HILLTOP ROAD			Street Address 4716 HILLTOP ROAD		
City GREENSBORO	State NC	Zip 27407	City GREENSBORO	State NC	Zip 27407
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVID H. GRIFFIN, JR.			Director Name MELODY G. LONDON		
Street Address 4716 HILLTOP ROAD			Street Address 4716 HILLTOP ROAD		
City GREENSBORO	State NC	Zip 27407	City GREENSBORO	State NC	Zip 27407
Director Name BENITA G. MITCHELL			Director Name DAVID H. GRIFFIN, SR.		
Street Address 4716 HILLTOP ROAD			Street Address 4716 HILLTOP ROAD		
City GREENSBORO	State NC	Zip 27407	City GREENSBORO	State NC	Zip 27407
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
			944	A	0
			93456	B	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.

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.

FILED

David H. Griffin, Jr.
 Signature of Authorized Representative

02/01/2016
 Date

DAVID H. GRIFFIN, JR.
 Print or Type Name of Authorized Representative

FEB 25 2016

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