

## 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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR
Filing Period: January 1 - March 1 · This report must be typed or printed legibly.
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Street Address  1261 SHANNOCK ROAD  City CHARLESTOWN RI Director Name  Street Address  1261 SHANNOCK ROAD  City CHARLESTOWN RI Director Name  Director Name  Director Name  City State PITTSFIELD ME  04967  Director Name  Street Address  City State Zip Director Name  Street Address  Street Address  Street Address  Street Address  City State Zip Director Name  Number of Shares  Number of Shares  Number of Shares  Number of Shares  RAR VALUE  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.	Filing Fee: \$50.00 • FAIL	.URE TO FILE TI	HIS REPORT BY M	ARCH 31 WILL RESU	LT IN A S	\$25.00 PENALT	Y FEE,—	95
3. Principal office address PO BOX 487 4. Business Phone No. 207-487-6141 5. State of Incorporation MAINE 8. Brief description of the character of business conducted in Rhode Island MANUFACTURE, INSTALLATION AND SERVICE OF OVERHEAD CRANES ZIUSTALLIOFICIERS (NAMESAND/ADDRESSES) (NAM	1. Entity ID No.	2. Exact name of	the Corporation					(T)
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4. Business Phone No.  207-487-6141  6. Brief description of the character of business conducted in Rhode Island  MANUFACTURE, INSTALLATION AND SERVICE OF OVERHEAD CRANES  President Name JASON AMARA  Vice-President Name ANDREW WILSON  Street Address  11 HUFF ROAD  City State Zip PITTSFIELD ME JState  City State Zip City State Zip City State Zip City CHARLESTOWN  LAURIE FERLAND  Street Address  1261 SHANNOCK ROAD  City State Zip City State Zip City State Director Name  LAURIE FERLAND  Street Address  1261 SHANNOCK ROAD  City State Zip City S	3. Principal office address			_		Zip		
4. Business Phone No. 207-487-6141  5. State of Incorporation MAINE  6. Brief description of the character of business conducted in Rhode Island  MANUFACTURE, INSTALLATION AND SERVICE OF OVERHEAD CRANES  ZIUSTALLOFICERS (NAMES AND/ACDRESSES) (EXCROYEO PARTIACHNER)  President Name JASON AMARA  Street Address  11 HUFF ROAD  City PITTSFIELD State Zip O4967  City PITTSFIELD ME 04967  Street Address  Street Address  1261 SHANNOCK ROAD  City State Zip CHARLESTOWN RI 02813  Director Name  LAURIE FERLAND  Street Address  1261 SHANNOCK ROAD  City State Zip City CHARLESTOWN RI 02813  Director Name  LOURIE FERLAND  Street Address  1261 SHANNOCK ROAD  City State Zip City State Zip City State Zip O4967  City State Zip City State Zip City State Zip O4967  City State Zip City State Zip City State Zip O4967  City State Zip City State Zip City State Zip O4967  Director Name  Director Name  Street Address  21 HUFF ROAD  City State Zip City State Zip O4967  City State Zip City State Zip O4967  Director Name  Director Name  Street Address  City State Zip City State Zip O4967  Director Name  Director Name  Director Name  Street Address  City State Zip City State Zip O4967  Director Name  Street Address  City State Zip O4967  Director Name  Street Address  City State Zip City State Zip O4967  Director Name  Street Address  City State Zip O4967  Director Name  Street Address  City State Zip O4967  Director Name  Street Address  City State Zip O4967  Director Name  Director Name  Director Name  Director Name  Director Name  ANDREW WILSON  State Zip O4967  Director Name  ANDREW WILSON  ANDREW WILSON  ANDREW WILSON  ANDREW WILSON  ANDREW WILSON  DIRECTOR PRIVATION OF THE ADDRESSES WILSON OF ANTIACHNERN DIRECTOR STATE CHARLEND  ANDREW OF SHARES CLASS/SERIES AND ANDRES PAR VALUE  10,000.00 A \$52,9000  10,000.00 C \$40,0000			PITTSFIEL	.D	<u>ME</u>	0496	7	
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President Name   JASON AMARA   Vice-President Name   ANDREW WILSON	MANUFACTURE	E, INSTALL	ATION AND	SERVICE OF	OVE	RHEAD	CRANES	;
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Director Name   LAURIE FERLAND   Director Name   JASON AMARA	-			CHARLEST	OWN	I	1	
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Director Name  Street Address  Street Address  City  State  Zip  City  State  Zip  State  Zip  State  Zip  State  Zip  State  Zip  NUMBER OF SHARES CLASS/SERIES  PAR VALUE  This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.  See Section 9 of Instruction sheet.	CHARLESTOWN	RI	02813	PITTSFIEL	_D	) <i>ME</i>	0496	<i>:</i> 7
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See Section 9 of Instruction sheet. 10,000,00 C \$40,0000	of State. Changes require an additional filing.		10 000 00	A		<u>\$52,9</u> 0	100 <u> </u>	
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,			10,000,00	L.c		\$40,0000		
	This report must be executed on	behalf of the corpo	ration by an authorized	d representative. If the cor	poration i	s in the hands of a	receiver or tru	stee,

this report must be executed on behalf of the corporation by the receiver or trustee.



**FILED** 

JUN 13 2016

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11:41 Am Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and eleteroses. this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

6/6/2016

Date

Signature of Authorized Representative

LAURIE FERLAND Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012