RI SOS Filing Number: 201602616880 Date: 07/26/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
1333	Brian R. Arnold Construction Co.Inc.		
3. Principal Office Address	City	State	Zip
18 Tews Court	Newport	RI	02840
4. Business Phone Number	5. State of Incorporation		
401-847-1150	Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
Residential Construction

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Brian R Arnold			Vice-President Name		
Street Address 56 Poplar Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Brian R Arnold			Treasurer Name Brian R. Arnold		
Street Address 56 Poplar Street			Street Address 56 Poplar Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	

11. 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.

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.

Name of Authorized Representative	Date
Brian R Arnold	7/21/16

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JUL 26 2016
BY 18956

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

140232-1-1142718

FORM 630 - Revised: 05/2016