



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

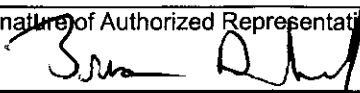
Annual Report for the year: 2016

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 1333		2. Exact name of the Corporation Brian R. Arnold Construction Co.Inc.			
3. Principal Office Address 18 Tews Court		City Newport		State RI	Zip 02840
4. Business Phone Number 401-847-1150		5. State of Incorporation 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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Brian R Arnold					Date 7/21/16
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUL 26 2016

BY

18956