



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

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**Profit Corporation Annual Report for the year: 2011**

Filing period: January 1 - March 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <b>000165106</b>		2. Exact name of the Corporation <b>PIERCE &amp; MYERS ENTERPRISES INC</b>	
3. Principal Office Address <b>121 HARBOR VIEW ROAD</b>		City <b>MILTON</b>	State <b>MA</b>
		Zip <b>02186</b>	
4. Business Phone Number <b>(617)719-8580</b>		5. State of Incorporation <b>MASSACHUSETTS</b>	
6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION</b>			
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>DAVID SHEA SR.</b>		Vice-President Name	
Street Address <b>121 HARBOR VIEW ROAD</b>		Street Address	
City <b>MILTON</b>	State <b>MA</b>	Zip <b>02186</b>	
Secretary Name <b>DAVID SHEA SR.</b>		Treasurer Name <b>DAVID SHEA SR.</b>	
Street Address <b>121 HARBOR VIEW ROAD</b>		Street Address <b>121 HARBOR VIEW ROAD</b>	
City <b>MILTON</b>	State <b>MA</b>	Zip <b>02186</b>	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>DAVID SHEA SR.</b>		Director Name	
Street Address <b>121 HARBOR VIEW ROAD</b>		Street Address	
City <b>MILTON</b>	State <b>MA</b>	Zip <b>02186</b>	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>200000</b>	<b>COMMON</b>
		PAR VALUE	<b>0</b>
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. <b>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.</b>			
Name of Authorized Representative <b>DAVID SHEA</b>			Date
Signature of Authorized Representative 			

SIGN DOCUMENT HERE

**FILED**

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