



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

Annual Report for the year: 2017  
**Corporation**

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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 JAN -4 PM 3:41

1. Entity ID Number <b>1076601</b>		2. Exact name of the Corporation <b>A. BULL INCORPORATED</b>			
3. Principal Office Address <b>2855 FLAT RIVER RD</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone Number			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>WELDING AND FABRICATION</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JEFF BEDARD</b>			Vice-President Name <b>STEVEN WOODS</b>		
Street Address <b>3 WINTHROP DR</b>			Street Address <b>20 HANCOCK DR</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>NO. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES <b>0</b>		CLASS/SERIES
					PAR VALUE
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>STEVEN M WOODS</b>					Date <b>1-24-17</b>
Signature of Authorized Representative <i>Steven M Woods</i>			SIGN DOCUMENT HERE		

**FILED**

JAN 04 2017

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

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