

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 JAN -4 PM 3:41

Entity ID Number 2. Exact name of the Corporation								
1076601 A. BULL INCORPERATED 3. Principal Office Address City State Zip								
3. Principal Office Address				City		State	Zip	
2855 FLAT RIVER RD				Cove	ENTRY	RI	02816	
4. Business Phone Number				5. State of Incorporation				
				Rhode ISLAND				
6. Brief description of the character of business conducted in Rhode Island								
WELDING AND FABRICATION								
7. List ALL officers (Names and addresses)					Check the box to indicate an attachment			
President Name JEFF BEDARD				STEVEN WOODS				
Street Address				Street Address				
3 WINTHROP DR				20 HANCOCK DR				
3 WINTHROP DR City . MIDDLETOWN RT			Zip	20 HANCOCK DR City State Zip NO, KINGSTOWN RI DZK Treasurer Name				
MIBBLETOWN RL 12			02842	NO, K	INGSTOWN	<u> PI</u>	02852	
Secretary Name		Treasurer Name ♥						
Street Address				Street Address				
City	State	Zip		City		State	Zip	
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 i				sued Check the box to indicate an attachment ☐				
This information is currently	NUMBER OF SHARES		CLASS/SERI	ES	PAR VALUE			
Department of State.	0							
Changes require an additional filing.								
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								
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								
Steven m woods 1-24-17								
Signature of Authorized Representative								
Leven M Woods 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 JAN 0 4 2017

BY <u>M J92342</u> 3:42 FORM 630 - Revised: 05/2016