RI SOS Filing Number: 201730401370 Date: 01/17/2017 4:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation			
72154	W.H. Peppes General Contractor, Inc.			
3. Principal Office Address		City	State	Zip
1100 Smithfeild Avenue		Lincoln	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
23 - Construction	General Contractor			
5. State of Incorporation				
RI				

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)					
President Name: William H. peppes			Vice-President Name: Same		
Street Address: 1100 Smithfeild Avenue			Street Address		
City: Lincoln	State: RI	Zip: 02865	City	State	Zip
Secretary Name: same			Treasurer Name: same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

8. List ALL directors (names and addresses)					
Director Name: William H. Peppes			Director Name: same		
Street Address: 1100 Smithfeild Avenue			Street Address		
City: Lincoln	State: RI	Zip: 02865	City	State	Zip
Director Name: Same			Director Name: same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Shares Authorized	10. Shares Issued		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	400	s/k	0.00
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 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
William H. Peppes	01/10/17

Signature of Authorized Representative: William H. Peppes

FILED
JAN 17 2017
BY 12383 DS

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

FORM 630 - Revised: 10/2016