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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	2. Exact r	ame of	the Corporation		····					
000575328		CONSTRUCTION EQUIPMENT RENTALS INC.								
3. Principal Office Address				City			State		T7:_	
21 CEDAR CREST RO)AD			DARTM	OUTH		MA		Zip 02747	
4. Business Phone Numbe	er				5. State of Incorporation					
401-369-7300				RI	JI 11 1001 PC. U.	Oil				
6. Brief description of the o	character of bu	siness c	conducted in Rho						· · · · · · · · · · · · · · · · · · ·	
CONSTRUCTION EQU										
7. List ALL officers (names	s and addresses		ALLO AITO O	EVAICE		Chack	the hove	- Indianta		
President Name RICARDO RAPOSO				Check the box to indicate an attachment Vice-President Name						
Street Address 21 CEDAR CREST ROAD				Street Add	Street Address					
City DARTMOUTH	State MA		Zip 02747	City	City		State		Zip	
Secretary Name				Treasurer Name						
Street Address				Curant Add						
				Street Addr	Street Address					
City	State	Zip	р	City			State		Zip	
8. List ALL directors (name	s and address:	196					<u> </u>	<u> </u>		
Director Name		3)		Director Na	Check the box to indicate an attachment Director Name					
Street Address										
Judet Muuress				Street Addre	ess			2011	70	
City	State	Zip	p	City	City				Zip 🚾 🗆	
9. Shares Authorized									: 대회	
ভ. Shares Authorized This information is currently of record in the				10. Shares Issued Che			ne box to		n attachment	
Inis information is currently Department of State.	of record in the		2000	N GIBARES		CLASS/SERIES			PAR VALUE	
Changes require an additiona	-i Elina							0.0100		
	_									
11. This report must be executively the trustee this report must be	cuted on behalf	of the c	corporation by a	n authorized	representativ	e. If the corp	oration is	ے s in the h á r	ods of a receiver	
st coolec, and report must be	DC EXECUTED OU	пенан с	OLINE COMORANA	את מעל מת חו	UI /OF OF the loto.					
Inder penaity of perjury, i tatements, and that all st	latements com	tain <u>ed</u> l	at i nave exami herein are true	Inea this rep and correct.	ort, incluair	ng any accor	mpanyin	ig schedu	les and	
Name of Authorized Representative							Date			
RICARDO RAPOSO							10/31/16			
Signature of Authorized Rep	resentative					· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Deurlin	Krenn	<u>'</u>	SIGN DOC	CUMENTI	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

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BY Le 393538