



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 000575328 | | 2. Exact name of the Corporation CONSTRUCTION EQUIPMENT RENTALS INC. | | | |
| 3. Principal Office Address 21 CEDAR CREST ROAD | | City DARTMOUTH | State MA | Zip 02747 | |
| 4. Business Phone Number 401-369-7300 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION EQUIPMENT RENTAL SALES AND SERVICE | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name RICARDO RAPOSO | | | Vice-President Name | | |
| Street Address 21 CEDAR CREST ROAD | | | Street Address | | |
| City DARTMOUTH | State MA | Zip 02747 | City | State | Zip |
| 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 <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 2000 | | |
| | | | | | PAR VALUE |
| | | | | | AM 0:3 |
| 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 RICARDO RAPOSO | | | | Date 10/31/16 | |
| Signature of Authorized Representative <i>Ricardo Raposo</i> SIGN DOCUMENT HERE | | | | | |

2017 DATE
 R.I. DEPT. OF STATE
 FILED
 11:11

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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JAN 19 2017
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