

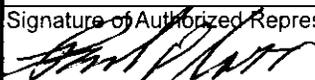


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 55916		2. Exact name of the Corporation P. D. CARR & SON, INC.			
3. Principal Office Address 105 CURRAN ROAD		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island HAULING OF GRAVEL, STONE AND ASPHALT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL D. CARR			Vice-President Name NONE		
Street Address 105 CURRAN ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name NONE			Treasurer Name PAUL D. CARR		
Street Address			Street Address 105 CURRAN ROAD		
City	State	Zip	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			100		NO 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. <i>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.</i>					
Name of Authorized Representative PAUL D. CARR				Date 01-17-17	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

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 20 2017

BY 2015 DS FORM 630 - Revised: 10/2016