

Amended no fee



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 <u>764716</u>		2. Exact name of the Corporation <u>Freeport General Contracting, Inc.</u>			
3. Principal Office Address <u>8 Remington Street</u>			City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>
4. NAICS Code <u>23</u>	6. Brief description of the character of business conducted in Rhode Island <u>to provide general contracting and maintenance services to the general public.</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Kenneth L. Bostic</u>			Vice-President Name <u>Kenneth A. Bostic</u>		
Street Address <u>P.O. Box 487</u>			Street Address <u>151 Old Juncos Hill Road</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
Secretary Name <u>Kenneth L. Bostic</u>			Treasurer Name <u>Kenneth L. Bostic</u>		
Street Address <u>P.O. Box 487</u>			Street Address <u>P.O. Box 487</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>n/a</u>			Director Name <u>n/a</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>n/a</u>			Director Name <u>n/a</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>NO PAR</u>
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 <u>Kenneth L. Bostic, President</u>					Date <u>1/23/2017</u>
Signature of Authorized Representative <u>[Signature]</u>					

RECEIVED  
RI DEPT OF STATE  
BUS SERS DIV  
JAN 23 AM 10:02

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 23 2017  
By A.A. 10:02 A.M.

**FILED**