State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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JAN	23	2017	00

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.

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BY	_48	110	

1. Entity ID Number	2. Exact name of the Corporation						
117489	Z. Exact name	•	SON CONSTR	RUCTION, INC.			
Principal Office Address	N. JACKSON CONSTRUCTION, INC.    City						
83 Water Street	•			1	State RI	Zip <b>02885</b>	
4. NAICS Code	6. Brief descrip	tion of the characte	er of business o	conducted in Rhode Is	sland		
23 - Construction	Roofing Co	nstruction of all ty	pes including	Residential and Co	mmercial,	Construction	
State of Incorporation     Rhode Island		itions of all types.	-		ŕ		
<ol><li>List ALL officers (names and ad-</li></ol>	dresses)				the box to ir	ndicate an attachment L	
President Name Noel E. Jackso	on		Vice-President Name Noel E. Jackson				
Street Address 83 Water Stree			Street Address 83 Water Street				
City Warren	State RI	Zip <b>02885</b>	City Warre	n	State RI	<sup>Zip</sup> <b>02885</b>	
Secretary Name Noel E. Jackson			Treasurer Nan	ne Noel E. Ja	ckson		
Street Address 83 Water Stree	et	•	Street Address 83 Water Street				
City Warren	State RI	<sup>Zip</sup> 02885	City Warre	n	State R	Zip 02885	
<ol><li>List ALL directors (names and ac</li></ol>	ddresses)				the box to in	ndicate an attachment _	
Director Name Noel E. Jacks	on		Director Name	!		- <del></del> -	
Street Address 83 Water Street			Street Address				
City Warren	State RI	Zip <b>02885</b>	City		State	Zip	
Director Name	<u></u>		Director Name		_ <u>l.</u>		
Street Address	<del></del> .	· · · · · · · · · · · · · · · · · · ·	Street Address				
City	State	Zip	City		State	Zip	
		10. Shares Issue					
Department of State.		100		Common		No Par Value	
Changes require an additional filing.			***				
<ol> <li>This report must be executed or trustee, this report must be execute</li> </ol>	ed on behalf of the	e corporation by the	e receiver or tri	ustee.			
Under penalty of perjury, I declar	e and affirm tha	t I have examined	this report, ii	ncluding any accom	panying sc	hedules and	
statements, and that all statements Name of Authorized Representative		erein are true and	correct.	,	Date		
Noel E. Jackson	•	í <b>1</b>				<i> </i> を117	
Signature of Authorized Representa	ative //	well det			··· ·· · · · · · · · · · · · · · · · ·	<del> </del>	
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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