



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 14312		2. Exact name of the Corporation Bolton Corporation			
3. Principal Office Address 25 Pine Hill Road			City Johnston	State RI	Zip 02819
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Remodeling and construction of homes			
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 Wayne A. Bolton			Vice-President Name Wayne A. Bolton		
Street Address 25 Pine Hill Road			Street Address 25 Pine Hill Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Wayne A. Bolton			Treasurer Name Wayne A. Bolton		
Street Address 25 Pine Hill Road			Street Address 25 Pine Hill Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Wayne A. Bolton			Director Name		
Street Address 25 Pine Hill Road			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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.					
<b>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.</b>					
Name of Authorized Representative Wayne A. Bolton					Date 1-23-17
Signature of Authorized Representative <i>Wayne Bolton, Pres</i>					

**FILED**

SIGN DOCUMENT HERE **JAN 25 2017**

BY 19013 DS

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov