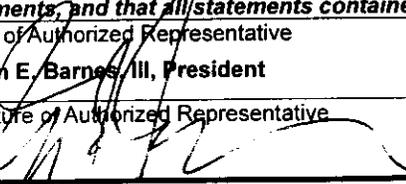




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000487605		2. Exact name of the Corporation Barnes Buildings & Management Group, Inc.			
3. Principal Office Address 96 Prospect Hill Drive			City North Weymouth	State MA	Zip 02191
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martin E. Barnes, III			Vice-President Name None		
Street Address 96 Prospect Hill Drive			Street Address		
City North Weymouth	State MA	Zip 02191	City	State	Zip
Secretary Name Martin E. Barnes, III			Treasurer Name Martin E. Barnes, III		
Street Address 96 Prospect Hill Drive			Street Address 96 Prospect Hill Drive		
City North Weymouth	State MA	Zip 02191	City North Weymouth	State MA	Zip 02191
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Martin E. Barnes, III			Director Name		
Street Address 96 Prospect Hill Drive			Street Address		
City North Weymouth	State MA	Zip 02191	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		
			CLASS/SERIES		PAR VALUE
			1,000	Common	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 Martin E. Barnes, III, President					Date
Signature of Authorized Representative 					FILED JAN 25 2017
					BY 11384 DS

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov