



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 76118		2. Exact name of the Corporation STRUCTURES UNLIMITED, INC.			
3. Principal Office Address 11 OVERLOOK DRIVE		City WARWICK		State RI	Zip 02818
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION, FRAMING, SIDING, ROOFING, INTERIOR PROTION, FINISHING, REMODELING, PAINTING				
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 GEORGE C. ARNOLD, IV			Vice-President Name GEORGE C. ARNOLD, IV		
Street Address 11 OVERLOOK DRIVE			Street Address 11 OVERLOOK DRIVE		
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818
Secretary Name GEORGE C. ARNOLD, IV			Treasurer Name GEORGE C. ARNOLD, IV		
Street Address 11 OVERLOOK DRIVE			Street Address 11 OVERLOOK DRIVE		
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GEORGE C. ARNOLD, IV			Director Name		
Street Address 11 OVERLOOK DRIVE			Street Address		
City WARWICK	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
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 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. 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.					
Name of Authorized Representative GEORGE C. ARNOLD, IV			Date 2/6/2017		
Signature of Authorized Representative <i>George Arnold IV</i>					
SIGN DOCUMENT HERE					

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

FILED

FEB 10 2017

BY 9026 km

FORM 630 - Revised: 10/2016