

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.		me of the Corporation	A. C. TILL ILOU			
19898		R.B. Allen Co., Inc.				
3. Principal office address 131 Lafayette Road			City North Hampton	State NH	Zip 03862	
4. Business Phone No. 603-964-8140			5. State of Incorporation New Hampshire			
6. Brief description of the cha Sales and installation						
7. LIST <u>all</u> officers (NA	MES AND ADDI	RESSES) ("X" BOX FOR A		T. T. St.	g Programme of the state of th	
President Name Jonathan D. Allen			Vice-President Name Alan F.J. Li			
Street Address Kensington Road			Street Address 263 Morse Avenue			
City Hampton Falls	State NH	Zip 03844	City Woonsocket	State RI	Zip 02895	
Secretary Name Sharon W. Ribitzki			Treasurer Name Jonathan D. Ailen			
Street Address 131 Lafayette Road			Street Address Kensington Road			
City North Hampton	State NH	Zip 03862	City State NH		Zip 03844	
8. LIST <u>all</u> directors (N	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT) 🗌			
Director Name Robert J. Allen			Director Name Jonathan D. Allen			
Street Address 35 Whipple Court			Street Address Kensington Road			
City Portsmouth	State NH	Zip 03801	City Hampton Falls	State NH	Zip 03844	
Director Name George W. Allen	•		Director Name Sharon W. Ribitzl	ki		
Street Address 134 Kensington Road	d	1. At 4. At 5. At 6. At 7. At	Street Address 131 Lafayette Ro	ad	1 m 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
City Hampton Falls	State NH	Zip 03844	City North Hampton	State NH	Zip 03862	
9. SHARES AUTHORIZED			10. SHARES ISSUED (
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	common	without par value	
This report must be executed	d on behalf of the	corporation by an authorize ist be executed on behalf of	d representative. If the cor the corporation by the rec	rporation is in the hand eiver or trustee.	s of a receiver or trustee,	
File Date Check No		FILED	Under penalty of perj this report, including	ury, I declare and affi	rm that I have examined chedules and statements re true and correct.	
Ву:		FEB 1 0 2017	Signatule of Authorized Representative Date			
FOR SECRETARY OF STA	TE USE ONLY	2002009	Jonathan D. Alle		_Att	
orm No. 630	DV	シャンプラン	Print or Type Name of	Authorized Represent	ative	

Form No. 630 Revised: 01/2012