RI SOS Filing Number: 201734007550 Date: 02/10/2017 4:00 PM

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 2017

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
788146	New England Building & Bridge Co., Inc.

3. Principal office address	City	State	Zip
19-B Lark Industrial Parkway	Greenville	RI	02828

4. Business Phone No.	5. State of Incorporation
401-830-5774	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Civil Construction

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Peter Donaelli	100 Belvidere Blvd	North Providence	RI	02911

Vice-President Name	Street Address	City	State	Zip
Peter Donaelli	100 Belvidere Blvd	North Providence	RI	

Secretary Name	Street Address	City	State	Zip
Peter Donaelli	100 Belvidere Blvd	North Providence	RI	

Treasurer Name	Street Address	City	State	Zip
Peter Donaelli	100 Belvidere Blvd	North Providence	RI	

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	STK	$.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 10 2017
RY 9881 A.A

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.

Signature of Authorized Representative — Date 2/10/17

John O. Mancini, Esquire., Registered Agent
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
149235-2-1193645