



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 <b>66819</b>		2. Exact name of the Corporation <b>BRENNAN &amp; SONS, INC.</b>			
3. Principal Office Address <b>89 POOLS LANE</b>		City <b>TIVERTON</b>		State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONSTRUCTION AND RENOVATION, SEPTIC, INSTALLATION AND REPAIR</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PETER W. BRENNAN</b>			Vice-President Name <b>PETER W. BRENNAN</b>		
Street Address <b>89 POOLS LANE</b>			Street Address <b>89 POOLS LANE</b>		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
Secretary Name <b>PETER W. BRENNAN</b>			Treasurer Name <b>PETER W. BRENNAN</b>		
Street Address <b>89 POOLS LANE</b>			Street Address <b>89 POOLS LANE</b>		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PETER W. BRENNAN</b>			Director Name		
Street Address <b>89 POOLS LANE</b>			Street Address		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR VALUE</b>
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 <b>PETER W. BRENNAN</b>					Date <b>2/17/17</b>
Signature of Authorized Representative					

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** *02*  
**FEB 21 2017**  
BY **21744**