



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

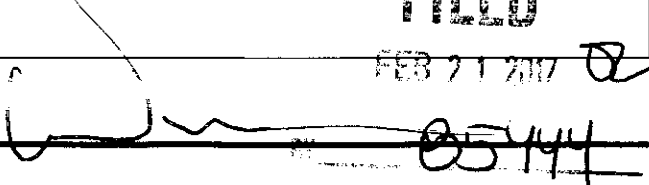
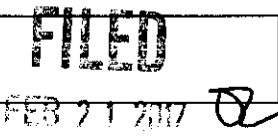
Annual Report for the year: **2017**

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 158206		2. Exact name of the Corporation PM Construction Co., Inc.			
3. Principal Office Address 19 Industrial Park Road		City Saco		State ME	Zip 04072
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Construction services and related activities.				
5. State of Incorporation Maine					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William S. Nason			Vice-President Name George LaPlume, Jr.		
Street Address 19 Industrial Park Road			Street Address 19 Industrial Park Road		
City Saco	State ME	Zip 04072	City Saco	State ME	Zip 04072
Secretary Name Peter Schroeter			Treasurer Name George G. Deely		
Street Address 19 Industrial Park Road			Street Address 19 Industrial Park Road		
City Saco	State ME	Zip 04072	City Saco	State ME	Zip 04072
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			150 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. 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 William S. Nason, President			Date 2/2/17		
Signature of Authorized Representative 			FEB 21 2017 		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016