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	2. Exact name of the Corporation
89588	**Presidential Building Corp**

3. Principal Office Address	City	State	Zip
321 Greenville Rd	**North Smithfield**	**RI**	**02896**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	**remodeling subcontractor**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Richard McPherson**			Vice-President Name **Richard McPherson**		
Street Address **321 Greenville Rd**			Street Address **321 Greenville Rd**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**
Secretary Name **Diana McPherson**			Treasurer Name **Diana McPherson**		
Street Address **321 Greenville Rd**			Street Address **321 Greenville Rd**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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. [illegible]
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		**none**

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	Date
Richard McPherson	**2-24-17**

Signature of Authorized Representative: Richard McPherson

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
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BY 12960 DS

FORM 630 - Revised: 02/2017