RI SOS Filing Number: 201735188870 Date: 2/28/2017 4:00:00 PM

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
5946	FIELD BUILDING COMPANY, INC.

3. Principal Office Address	City	State	Zip
241B Dugway Bridge Road	West Kingston	RI	02892

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	Construction
5. State of Incorporation: RHODE ISLAND	

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

President Name: Clayton Field			Vice-President Name: Clayton Field		
Street Address: P. O. Box 48			Street Address: P. O. Box 48		
City: West Kingston	State: RI	Zip: 02892	City: West Kingston	State: RI	Zip: 02892
Secretary Name: Clayton Field			Treasurer Name: Clayton Field		
Street Address: P. O. Box 48			Street Address: P. O. Box 48		
City: West Kingston	State: RI	Zip: 02892	City: West Kingston	State: RI	Zip: 02892

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

Director Name: Clayton Field			Director Name		
Street Address: P. O. Box 48			Street Address		
City: West Kingston	State: RI	Zip: 02892	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	50	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: Clayton Field — Date: 1/23, 2017

Signature of Authorized Representative: Clayton Field

SIGN DOCUMENT HERE

FILED

FEB 28 2017

1034

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