RI SOS Filing Number: 201737247430 Date: 3/2/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by April 1.

						<u>-</u> -			
Entity ID Number	2. Exact name of the Corporation								
001663417	CAHILL CO	<u>S</u> NC	STRUCTION,	INC.			State	Zip	
3. Principal Office Address				City			OH	43220	
5233 BETHEL CENTRE MALL				COHOLIDGE				43220	
4. Business Phone Number				5. State of Incorporation					
614-442-8570				OH					
6. Brief description of the charac	ter of business cond	ucte	d in Rhode Island						
CONSTRUCTION						and the b	ov to indi	cate an attachment	
7. List ALL officers (names and addresses)									
President Name				Vice-President Name					
EDWARD J. CAHILL III				BRAD G. CAHILL					
Street Address				Street Address					
5233 BETHEL CENTRE MALL				5233 BETHEL CENTRE MALL					
City	State	Zip		City		State		•	
COLUMBUS	OH	43220			COLUMBUS OF		i	43220	
Secretary Name	Treasurer Name								
TODD C. CAHILL									
Street Address				Street Address					
5233 BETHEL CENTRE MALL									
City	State	Zip		City		State		Zip	
COLUMBUS _	Гон Г	43220							
8. List ALL directors (names an	d addresses)	•			<u>C</u>	heck the	box to ind	icate an attachment	
Director Name				Director Na	me				
Street Address				Street Address					
						State		Zip	
City	State	Zip		City		State			
		\neg	10. Shares Issued	Check the box to indicate an attachment					
5. Ottatos Authorizos				DADVALUE					
This information is currently of record in the Department of State.			THOMBER OF GI	8		8		8	
			\\						
Changes require an additional filing.									
11. This sport must be execute	d on behalf of the co	rpor	ation by an authorized	representa	tive. If the corporation	is in the h	nands of a	receiver	
Lor trustee, this report must be e	xecuted on behalf of	the	corporation by the re-	ceivel of dus					
Under penalty of perjury, i statements, and that all st	declare and affir atements contain	m t jed	hat I have examin herein are true an	ed this rep d correct.	ort, including any	accomp	anying :	schedules and	
Name of Authorized Representative							Date		
Signature of Authorized Repres	entative						 ,		
EDWARD J. CAHII									
EDMAKO O. CHILLI									

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 MAR 0 2 2017.

FORM 630 - Revised: 05/2016