



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 85944		2. Exact name of the Corporation BYRNE MECHANICAL, INC.			
3. Principal Office Address 90 Crosswynds Drive			City Saunderstown	State RI	Zip 02874
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Installation and repair of heating, ventilating, and air conditioning systems			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Byrne			Vice-President Name William Byrne		
Street Address 90 Crosswynds Drive			Street Address 90 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name William Byrne			Treasurer Name William Byrne		
Street Address 90 Crosswynds Drive			Street Address 90 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Byrne				Date 3/2/17 , 2017	
Signature of Authorized Representative <i>William Byrne</i>					
SIGN DOCUMENT HERE					

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 1031DS

FORM 630 - Revised: 10/2016