



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 3689		2. Exact name of the Corporation H. Carr & Sons, Inc.			
3. Principal Office Address 100 Royal Little Drive			City Providence	State RI	Zip 02904
4. NAICS Code 91		6. Brief description of the character of business conducted in Rhode Island Interior and Exterior Construction Management			
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 James L. Carr, Jr.			Vice-President Name Thomas E. Purcell		
Street Address 8 Timber Ledge Drive			Street Address 220 River Farm Drive		
City Holliston	State MA	Zip 01746	City East Greenwich	State RI	Zip 02818
Secretary Name Angela Rossi			Treasurer Name Mary Anne Wood		
Street Address 301 Woodhaven Court			Street Address 8 Timber Ledge Drive		
City Cranston	State RI	Zip 02920	City Holliston	State MA	Zip 01746
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James L. Carr, Jr.			Director Name NONE		
Street Address 8 Timber Ledge Drive			Street Address		
City Holliston	State MA	Zip 01746	City	State	Zip
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 26	CLASS/SERIES Common	PAR VALUE No Par
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. <i>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.</i>					
Name of Authorized Representative James L. Carr, Jr.					Date
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 06 2017
 BY 11879 DS