



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 523523		2. Exact name of the Corporation SAY GRAY IMPROVEMENTS INC	
3. Principal Office Address 75 BURDICKVILLE RD		City CHARLESTOWN	State RI
		Zip 02813	
4. NAICS Code 23	6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL CARPENTRY / CARETAKER		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SEAN A. GRAY		Vice-President Name RONNETT M GRAY	
Street Address 75 BURDICKVILLE RD		Street Address 75 BURDICKVILLE RD	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
		State RI	
		Zip 02813	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		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 SEAN A GRAY			Date 3/10/17
Signature of Authorized Representative <i>Sean A Gray</i>			

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
MAR 13 2017
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