



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 <b>138652</b>		2. Exact name of the Corporation <b>CONSTRUCTION PROJECT MANAGERS, LTD.</b>	
3. Principal Office Address <b>46 BROOK FARM ROAD</b>		City <b>PORTSMOUTH</b>	State <b>RI</b>
		Zip <b>02871</b>	
4. NAICS Code <b>23</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN CONSTRUCTION MANAGEMENT, GENERAL CONTRACTING &amp; BLDG. CONST.</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RAYMOND J. MORRISSETTE</b>		Vice-President Name <b>NONE</b>	
Street Address <b>46 BROOK FARM ROAD</b>		Street Address _____	
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	
Secretary Name <b>JACQUELINE M. MORRISSETTE</b>		Treasurer Name <b>RAYMOND J. MORRISSETTE</b>	
Street Address <b>46 BROOK FARM ROAD</b>		Street Address <b>46 BROOK FARM ROAD</b>	
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>RAYMOND J. MORRISSETTE</b>		Director Name <b>NONE</b>	
Street Address <b>46 BROOK FARM ROAD</b>		Street Address _____	
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address _____		Street Address _____	
City _____	State _____	Zip _____	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>NONE</b>	<b>COMMON</b>
			PAR VALUE
			<b>\$ 0.00</b>
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 <b>RAYMOND J. MORRISSETTE, PRES.</b>		Date <b>3/16/17</b>	
Signature of Authorized Representative <i>Raymond J. Morissette, Pres.</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 20 2017**

BY HWD DS