



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 71172		2. Exact name of the Corporation Tri-Level Construction Co., Inc.			
3. Principal Office Address 51 Tomahawk Trail South		City Wakefield		State RI	Zip 02879
4. NAICS Code 23 - Construction <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Deal in Real Estate, Construction, Repairs, Contracting and Renovating.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Brian A. Lind			Vice-President Name Brian A. Lind		
Street Address 51 Tomahawk Trail South			Street Address 51 Tomahawk Trail South		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Linda A. Lind			Treasurer Name Stephen K. Lind		
Street Address 51 Tomahawk Trail South			Street Address 51 Tomahawk Trail South		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen K. Lind			Director Name Brian A. Lind		
Street Address 51 Tomahawk Trail South			Street Address 51 Tomahawk Trail South		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Linda A. Lind			Director Name		
Street Address 51 Tomahawk Trail South			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common 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 Brian A. Lind				Date 1/18/17	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 31 2017

BY

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FORM 630 - Revised: 10/2016