



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 810944		2. Exact name of the Corporation Crane Salvage, Inc.			
3. Principal Office Address 149 Selwyn Way #149		City Providence		State RI	Zip 02908
4. NAICS Code 42 - Wholesale Trade	6. Brief description of the character of business conducted in Rhode Island In the business of buying and selling recyclable metal materials and removing abandoned vehicles and for any other legal purposes for which a company may legally conduct business				
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 Raymond Selwyn, Jr.			Vice-President Name		
Street Address 149 Selwyn Way #149			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Raymond Selwyn, Jr.			Treasurer Name Raymond Selwyn, Jr.		
Street Address 149 Selwyn Way #149			Street Address 149 Selwyn Way #149		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond Selwyn, Jr.			Director Name		
Street Address 149 Selwyn Way #149			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		no 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 Raymond Selwyn, Jr.				Date 2/23/17	
Signature of Authorized Representative <i>Raymond Selwyn, Jr.</i>					

FILED

APR 03 2017

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