

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							
1. Entity ID Number 73684	nv. Inc.			· · · · ·			
P. & G. Engineering Compar P. & G. Engineering Compar P. & G. Engineering Compar Arborwood Drive			City		State	Zip	
			Burlingto		MA	01803	
4. NAICS Code 23 - Construction	6. Brief descr Engineering	cter of business	conducted in Rh	node Island			
5. State of Incorporation MASSACHUSETTS							
7. List ALL officers (names ar	d addresses)				heck the box to indic	ate an attachment	
President Name Myles P. Fla	Vice-President Name Gregory Flaherty						
Street Address 7 Arborwood	Street Address 7 Arborwood Drive						
City Burlington	State MA	^{Zip} 01803	City Burlin	ngton	State MA	^{Zip} 01803	
Secretary Name Peter Flaherty	Treasurer Name Myles P. Flaherty						
Street Address 7 Arborwood	Street Address 7 Arborwood Drive						
City Burlington	State MA	^{Zip} 01803	City Burlin	ngton	State MA	^{Zip} 01803	
8. List ALL directors (names a	nd addresses)			. (heck the box to indic	ate an attachment	
Director Name Peter Flaherty			Director Name	None	=======================================	8 <u>.</u>	
Street Address 7 Arborwood Drive			Street Addres	Street Address R SEP			
City Burlington	State MA	^{Zip} 01803	City		State C	Zip	
Director Name Gregory Flaherty			Director Name None				
Street Address 7 Arborwood	Street Address P						
City Burlington	State MA	^{Zip} 01803	City		State	Zip	
9. Shares Authorized			10. Shares Issued		heck the box to indicate		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	T	S/SERIES	PAR VALUE	
		100		Common		None	
11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	sentative. If the	corporation is in the h	nands of a receiver or	
trustee, this report must be ex							
Under penalty of perjury, I o statements, and that all stat	ements contained			ncluding any a		dules and	
Name of Authorized Represer					Date	1,-1	
Myles P. Flaherty, Presider		71 1					
Signature of Authorized Repre	asentative.	1 Flat	certif	AF	PR 1 0 2017 9		
MAIL TO:			7	AL	2917/2	55	
Division of Business Services 148 W. River Street, Providence, F	Rhode Island 02904-26	15		BA	010 1/00	•	

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016