



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.

FILED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 APR 19 AM 10:25

1. Entity ID Number 159041		2. Exact name of the Corporation TNT Fracking Inc			
3. Principal Office Address 144 Aldrich Rd			City North Scituate	State RI	Zip 02857
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Installation of pumps / water tanks and hydrofracture of wells			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas R Mulcahey Jr			Vice-President Name none		
Street Address 144 Aldrich Rd			Street Address none		
City North Scituate	State RI	Zip 02857	City none	State none	Zip none
Secretary Name Rosemary Mulcahey			Treasurer Name none		
Street Address 144 Aldrich Rd			Street Address none		
City North Scituate	State RI	Zip 02857	City none	State none	Zip none
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		none	none	none	none
		none	none	none	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 Thomas R Mulcahey Jr				Date 4-18-17	
Signature of Authorized Representative <i>Thomas R Mulcahey Jr</i>				FILED 10:27 AM	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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