



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 000555221		2. Exact name of the Corporation J.T. Haffey Builders, Inc.			
3. Principal Office Address 58 Park Street			City Framingham	State MA	Zip 01702
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Construction Projects			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John T. Haffey			Vice-President Name John T. Haffey		
Street Address 3 Williams Road			Street Address 3 Williams Road		
City Wayland	State MA	Zip 01778	City Wayland	State MA	Zip 01778
Secretary Name John T. Haffey			Treasurer Name John T. Haffey		
Street Address 3 Williams Road			Street Address 3 Williams Road		
City Wayland	State MA	Zip 01778	City Wayland	State MA	Zip 01778
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John T. Haffey			Director Name		
Street Address 3 Williams Road			Street Address		
City Wayland	State MA	Zip 01778	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		1000		Common	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 John T. Haffey					Date 2-23-17
Signature of Authorized Representative 					

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 BY 302154
 A.A. - 11:00 A.M.

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