RI SOS Filing Number: 201747350920 Date: 7/14/2017 8:46:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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

2017 JUL 14 AM 8: 45

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by April 1

Penalty: Additional \$25.00 is	ee ii ioiiii is iiot i	ned by April 1.	,				
Entity ID Number	2. Exact name of	of the Corporation					
509315	ZL?	5 Remo	deling =	- Con	Stru	ichan anc	
Principal Office Address		01	City		State	Zip	
96 Brookt		Kd	Riverside		RI,	02915	
4. NAICS Code	6. Brief descript	ion of the character	r of business conducted	d in Rhode Isla	and		
1 23	Han	4 5	\ _A\ _> _	ا مر ()	1	ا ۵۰ م م	
5. State of Incorporation	1 LICAN	L Vem	odeling and anstruction				
RI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J				
7. List ALL officers (names and add	dresses)			Check th	e box to inc	dicate an attachment 🔲	
President Name Richard A. MARATTO			Vice-President Name				
Street Address Brack Field Rd			Street Address				
City RIVER SIDO	State	Zip 02915-	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address Same As Above.			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddresses)			Check th	ne box to in	dicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name		··· ·	Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue		Check th	ne box to in	dicate an attachment 🔲	
This information is currently of record in the		NUMBER OF S	NUMBER OF SHARES		т	PAR VALUE	
Department of State.		100				O.O	
Changes require an additional filing.	-			<u>-</u>			
11. This report must be executed o trustee, this report must be execute	on behalf of the co	proporation by an aut	thorized representative	. If the corpora	ation is in th	e hands of a receiver or	
Under penalty of perjury, I decla	re and affirm tha	t I have examined	this report, including	any accomp	anying sc	hedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Reduced A Harrison					7/15/17		
Signature of Authorized Represent	ative	Seas 200 -	FILED		•		
Hand of l	Star		nn 1 4 6647				
MAIL TO:			JUI 1 4 2017				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 630 - Revised: 02/2017