



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 <u>1664120</u>		2. Exact name of the Corporation <u>Jolley Precast, Inc.</u>	
3. Principal Office Address <u>463 Putnam Rd.</u>		City <u>Danielson</u>	State <u>CT</u>
		Zip <u>06239</u>	
4. NAICS Code <u>327390</u>	6. Brief description of the character of business conducted in Rhode Island <u>manufacturing concrete products including septic tanks, step, bulkheads, drainage products</u>		
5. State of Incorporation <u>CT</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dennis P. Jolley</u>		Vice President Name <u>David M. Jolley</u>	
Street Address <u>4 Plainview Dr.</u>		Street Address <u>477 Putnam Rd</u>	
City <u>Danielson</u>	State <u>CT</u>	City <u>Danielson</u>	State <u>CT</u>
Secretary Name <u>Brenda L. Vincent</u>		Treasurer Name <u>Eleanor P. Jolley</u>	
Street Address <u>145 Kinne Rd.</u>		Street Address <u>463 Putnam Rd.</u>	
City <u>Canterbury</u>	State <u>CT</u>	City <u>Danielson</u>	State <u>CT</u>
		Zip <u>06331</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Dennis P. Jolley</u>		Director Name <u>David M. Jolley</u>	
Street Address <u>4 Plainview Dr.</u>		Street Address <u>477 Putnam Rd</u>	
City <u>Danielson</u>	State <u>CT</u>	City <u>Danielson</u>	State <u>CT</u>
Director Name <u>Brenda L. Vincent</u>		Director Name <u>Eleanor P. Jolley</u>	
Street Address <u>145 Kinne Rd.</u>		Street Address <u>463 Putnam Rd.</u>	
City <u>Canterbury</u>	State <u>CT</u>	City <u>Danielson</u>	State <u>CT</u>
		Zip <u>06331</u>	
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 <u>5,000</u>	CLASS/SERIES <u></u>
		PAR VALUE <u>\$100.00</u>	
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 <u>Brenda Vincent</u>			Date <u>8/18/17</u>
Signature of Authorized Representative <u>Brenda Vincent</u>			

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

FILED

AUG 21 2017

BY 26109 DS