



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 106043		2. Exact name of the Corporation R.I. PAVEWAY, INC.			
3. Principal Office Address 35 Harrington Avenue (NACIS) 237310		City Warwick		State RI	Zip 02888
4. NAICS Code 22 - Utilities		6. Brief description of the character of business conducted in Rhode Island Paving Business, including but not limited to the purchase, sale and lying of all paving materials			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Johnson, Jr.			Vice-President Name Barbara M. Johnson		
Street Address 35 Harrington Avenue			Street Address 35 Harrington Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Robert J. Johnson, Jr.			Treasurer Name Barbara M. Johnson		
Street Address 35 Harrington Avenue			Street Address 35 Harrington Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		300		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 Robert J. Johnson, Jr., President					Date 9/7/2017
Signature of Authorized Representative <i>Robert J. Johnson</i> SIGN D/C OR SECRETARY HERE					FILED

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

SEP 11 2017
 BY *[Signature]*
 FORM 630 - Revised: 02/2017