RI SOS Filing Number: 201749718070 Date: 9/14/2017 1:23:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation		
000543376	**Mourad & Sons Construction and Electric, Inc.**		
3. Principal Office Address	City	State	Zip
76 Production Road, Suite A	**Walpole**	**MA**	**02081**
4. NAICS Code **238210** **23 - Construction**	6. Brief description of the character of business conducted in Rhode Island **General Construction Contracting**		
5. State of Incorporation **MA**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Habib Mourad, Jr**			Vice-President Name **Edward Mourad**		
Street Address **76 Production Rd, Suite A**			Street Address **76 Production Rd, Suite A**		
City **Walpole**	State **MA**	Zip **02081**	City **Walpole**	State **MA**	Zip **02081**
Secretary Name **Edward Mourad**			Treasurer Name **Edward Mourad**		
Street Address **Same**			Street Address **SAme**		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Habib Mourad, Jr**			Director Name **Edward Mourad**		
Street Address **Same**			Street Address **same**		
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	2,000	**CNP**	**$0.00**

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: Habib Mourad, Jr — Date: 8/18/17

Signature of Authorized Representative — SIGN DOCUMENT HERE **FILED**

SEP 14 2017 1:23

BY cu 312457

MAIL TO:
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