

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
SECRETARY OF STATE
CORPORATIONS DIVAnnual Report for the year: 2016
Corporation

2017 DEC -5 PM 2:06

- 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 000146763		2. Exact name of the Corporation Able Restoration, Inc.	
3. Principal Office Address 170 Oak Hill Way		City Brockton	State MA
		Zip 02301	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Provide services to Commercial & Residential Customers regarding Fire & Flood restoration.		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mark P Ryan		Vice-President Name Mark P Ryan	
Street Address 97 Sandwich Road		Street Address 97 Sandwich Road	
City Plymouth	State MA	City Plymouth	State MA
Zip 02360		Zip 02360	
Secretary Name Mark P Ryan		Treasurer Name Mark P Ryan	
Street Address 97 Sandwich Road		Street Address 97 Sandwich Road	
City Plymouth	State MA	City Plymouth	State MA
Zip 02360		Zip 02360	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Mark P Ryan		Director Name	
Street Address 97 Sandwich Rd		Street Address	
City Plymouth	State MA	City	State
Zip 02360		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 200,000		10. Shares Issued 1,000 Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1,000	
		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 Mark P Ryan		Date 12/5/17	
Signature of Authorized Representative 		FILED DEC 05 2017	

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

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