State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV

2017 DEC -5 PM 2:06

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
000146763	Able Restoration, Inc.

3. Principal Office Address	City	State	Zip
170 Oak Hill Way	Brockton	MA	02301

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	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 ☐

President Name	Vice-President Name
Mark P Ryan	Mark P Ryan
Street Address: 97 Sandwich Road	Street Address: 97 Sandwich Road
City: Plymouth State: MA Zip: 02360	City: Plymouth State: MA Zip: 02360
Secretary Name	**Treasurer Name**
Mark P Ryan	Mark P Ryan
Street Address: 97 Sandwich Road	Street Address: 97 Sandwich Road
City: Plymouth State: MA Zip: 02360	City: Plymouth State: MA Zip: 02360

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

Director Name	Director Name
Mark P Ryan	
Street Address: 97 Sandwich Rd	Street Address:
City: Plymouth State: MA Zip: 02360	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized: 200,000
This information is currently of record in the Department of State.
Changes require an additional filing.

10. Shares Issued: 1,000 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	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: Mark P Ryan
SIGN DOCUMENT HERE

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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FORM 630 - Revised: 10/2017