

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Ç	T	Δ	ï	ŗ,	ρ
J	11	~	и	íl	ţ

		•			
164.	• • •	٦٤,	,	,	1

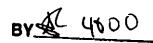
Fenalty. Additional \$25.00 Entity ID Number		ne of the Corporation	ייי	·-			
000147150		NIOR SHEET		C .			
3. Principal Office Address	Office Address			City		Zip	
15 Langworthy Road	15 Langworthy Road				RI	02891	
4. NAICS Code	6. Bnef desc	cription of the chara-	cter of business of	conducted in Rhode I	sland		
332322	TO GENER	TO GENERALLY ENGAGE IN THE BUSINESS OF SHEET METAL WORK					
5. State of Incorporation	_						
RHODE ISLAND							
7. List ALL officers (names and ac	idresses)			Check	the box to	indicate an attachment	
President Name Ronald L. Senior			Vice-President Name None				
Street Address 15 Langworthy Road			Street Address				
City Westerly	State RI	Zip 02891	City	State		Zìp	
Secretary Name Matthew L. Lewiss			Treasurer Name Ronald L. Senior				
Street Address 79 Franklin Street			Street Address 15 Langworthy Road				
City Westerly	State RI	^{Zip} 02891	City Westerly		State RI	^{Z₁p} 02891	
8. List ALL directors (names and a	addresses)			Check	the box to	indicate an attachment	
Director Name Ronald L Senior			Director Name	None			
Street Address 15 Langworthy Road			Street Address				
City Westerly	State RI	Zip 02891	City		State	Zip	
Director Name	-1.	·	Director Name	:	<u>l</u>	1	
Street Address			Street Address	<u> </u>			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Iss	sued	Check	the box to i	indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	NUMBER OF SHARES		CLASS/SERIES		
		50	50			None	
					-		
11. This report must be executed of trustee, this report must be executed	on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in	the hands of a receiver or	
Under penalty of perjury, I declar statements, and that all stateme	re and affirm	that I have examin	ed this report, i	ncluding any accon	npanying s	chedules and	
Name of Authorized Representative		rnerem are ude ar	io correct.		Date		
Ronald L. Senior						1/6/18	
Signature of Authorized Represen	_	SIGN DO	FILEC COMENT HERE)			
Ronald Grene	$N \sim 0$		JAN 18 2	mx			

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: 10/2017