



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

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 8383		2. Exact name of the Corporation William C. Mateer, Inc.			
3. Principal Office Address 10 Mary Elizabeth Way			City East Greenwich	State RI	Zip 02818
4. NAICS Code 23 <i>1018</i>		6. Brief description of the character of business conducted in Rhode Island Building and Remodeling			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name William C. Mateer, Jr.			Vice-President Name		
Street Address 10 Mary Elizabeth Way			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name William C. Mateer, Jr.			Treasurer Name William C. Mateer, Jr.		
Street Address 10 Mary Elizabeth Way			Street Address 10 Mary Elizabeth Way		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name William C. Mateer, Jr.			Director Name		
Street Address 10 Mary Elizabeth Way			Street Address		
City East Greenwich	State RI	Zip 02818	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		
			10	Common	None
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 William C. Mateer, Jr., President & Treasurer					Date 1-15-18
Signature of Authorized Representative <i>William C. Mateer, Jr.</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JAN 18 2018

FORM 630 - Revised: 10/2017

BY

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