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	2. Exact name of the Corporation
8383	William C. Mateer, Inc.

3. Principal Office Address	City	State	Zip
10 Mary Elizabeth Way	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 to 18	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
William C. Mateer, Jr., President & Treasurer	1-15-18

Signature of Authorized Representative

DO NOT DOCUMENT HERE

William C. Mateer, Pres.

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

BY 3809DS

FORM 630 - Revised: 10/2017