



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.

 2018 JAN 19 AM 10:33
 RECEIVED
 SECRETARY
 OF THE
 STATE
 CORPORATE

1. Entity ID Number 000013950		2. Exact name of the Corporation Narragansett Improvement Company			
3. Principal Office Address 223 Allens Avenue			City Providence	State RI	Zip 02903
4. NAICS Code 324120		6. Brief description of the character of business conducted in Rhode Island Asphalt plant and heavy construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dustin J. Everson			Vice-President Name Jon S. Toegemann		
Street Address 223 Allens Avenue			Street Address 223 Allens Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Dustin J. Everson			Treasurer Name Dustin J. Everson		
Street Address 223 Allens Avenue			Street Address 223 Allens Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dustin J. Everson			Director Name		
Street Address 223 Allens Avenue			Street Address		
City Providence	State RI	Zip 02903	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			436	Common	100.00
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 Dustin J. Everson				Date 1-19-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

FILED
 JAN 19 2018
 BY [Signature]
 322122
 1033