



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JAN 19 PM 1:18

1. Entity ID Number 000973732		2. Exact name of the Corporation MRC Contracting Incorporated			
3. Principal Office Address 576 Anthony Street			City Fall River	State MA	Zip 02721
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Site Excavation Work			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Manuel R. Costa			Vice-President Name		
Street Address 576 Anthony St.			Street Address		
City Fall River	State MA	Zip 02721	City	State	Zip
Secretary Name Manuel R. Costa			Treasurer Name Manuel R. Costa		
Street Address 576 Anthony St.			Street Address 576 Anthony St.		
City Fall River	State MA	Zip 02721	City Fall River	State MA	Zip 02721
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel R. Costa			Director Name		
Street Address 576 Anthony St			Street Address		
City Fall River	State MA	Zip 02721	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			
		12,500	CNP	0.0000	
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 Manuel R Costa					Date 1:23 pm
Signature of Authorized Representative <i>Manuel R Costa PRES</i>					FILED SIGN DOCUMENT HERE 1-19-18

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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