



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**

## 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 <b>000973732</b>		2. Exact name of the Corporation <b>MRC Contracting Incorporated</b>			
3. Principal Office Address <b>576 Anthony Street</b>			City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Site Excavation Work</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Manuel R. Costa</b>			Vice-President Name		
Street Address <b>576 Anthony St.</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>	City	State	Zip
Secretary Name <b>Manuel R. Costa</b>			Treasurer Name <b>Manuel R. Costa</b>		
Street Address <b>576 Anthony St.</b>			Street Address <b>576 Anthony St.</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Manuel R. Costa</b>			Director Name		
Street Address <b>576 Anthony St</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIFS	PAR VALUE
		<b>12,500</b>		<b>CNP</b>	<b>0.0000</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Manuel R Costa</b>				Date <b>1:21 pm</b>	
Signature of Authorized Representative <i>Manuel R Costa</i> <b>PRES</b>				Date <b>1-19-18</b>	

**FILED**

SIGN DOCUMENT HERE

KM

JAN 19 2018

BY **322150**