



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2015**  
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/SERIES		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>1-19-18</b>			
Signature of Authorized Representative <i>Manuel R Costa Pres.</i>							SIGN DOCUMENT HERE <b>FILED</b>			

**FILED**  
 JAN 19 2018  
 BY 322150