



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 45709		2. Exact name of the Corporation Robert A. Randall, Sheet Metal Work, Inc.			
3. Principal Office Address 493 Middle Road			City Portsmouth	State R.I.	Zip 02871
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Sheet Metal Work			
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 Peter Edward Randall			Vice-President Name Daniel John Randall		
Street Address 117 Old Fort Road			Street Address 801 Forest Park		
City Newport	State R.I.	Zip 02840	City Middletown	State R.I.	Zip 02842
Secretary Name Daniel John Randall			Treasurer Name Peter Edward Randall		
Street Address 801 Forest Park			Street Address 117 Old Fort Road		
City Middletown	State R.I.	Zip 02842	City Newport	State R.I.	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Edward Randall			Director Name Daniel John Randall		
Street Address 117 Old Fort Road			Street Address 801 Forest Park		
City Newport	State R.I.	Zip 02840	City Middletown	State R.I.	Zip 02842
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		
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 Peter E. Randall					Date 1/17/18
Signature of Authorized Representative <i>Peter E. Randall</i>					

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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JAN 22 2018

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