RI SOS Filing Number: 201856632960 Date: 1/22/2018 4:00:00 PM

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.

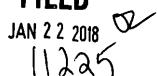
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
45709		Robert A. Randall, Sheet Metal Work, Inc.					
3. Principal Office Address			City		State	Zip	
493 Middle Road			Portsmou	th	R.I.	02871	
4. NAIÇO	6. Brief descr	ription of the charac	cter of business	conducted in Rhode	Island		
* 238AQO -	Sheet Metal						
5. State of Incorporation							
Rhode Island]						
7. List ALL officers (names and a	ddresses)			Chec	k the box to i	indicate an attachment	
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.	Z ^{-p} 02840	City Middletown		State R.I.	. Zip 02842	
Secretary Name Daniel John Randall			Treasurer Na	Treasurer Name Peter Edward Randall			
Street Address 801 Forest Park			Street Address 117 Old Fort Road				
City Middletown	State R.I.	Z.p02842	City Newport		State R.I	. Zip 02840	
8. List ALL directors (names and	addresses)				k the box to i	indicate an attachment	
Director Name Peter Edward Ran	D rector Nam	D rector Name Daniel John Randall					
Street Address 117 Old Fort Road	Street Addres	Street Address 801 Forest Park					
City Newport	State R.I.	Zip 02840	City Middletown		State R.I. Zip 02842		
Director Name			Director Nam	ie		* <u> </u>	
Street Address	· <u></u>		Street Addres	SS .			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Iss	L	Check the box to indicate an attachment [
This information is currently of rec	ord in the	NUMBER O			CLASS/SERIES PAR VALUE		
Department of State.		500		Common		No Par	
Changes require an additional filing.			·	1	<u> </u>		
11. This report must be executed	on behalf of the	corporation by an a	authorized renre	I sentative If the corn	oration is in t	the hands of a receiver or	
trustee, this report must be execu	ited on behalf of	the corporation by	the receiver or t	trustee.			
Under penalty of perjury, I decl statements, and that all stateme	are and affirm t ents contained	nat I have examin herein are true »n	ed this report, ad correct	including any acco	mpanying s	chedules and	
Name of Authorized Representati		/	Joneou		Date /	17/18	
Signature of Authorized Represer	ntative //	Patrick, diam.	(1.171 N		<u> </u>		
(Jet C. Jand	M	- 115 - 125	FII	<u>EU</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2017