



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 274611		2. Exact name of the Corporation Hodess Construction Corporation			
3. Principal Office Address 100 John L. Dietsch Square			City N. Attleboro	State MA	Zip 02763
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General contracting and construction, and any other legal purposes.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Blake G. Hodess			Vice-President Name N/A		
Street Address 100 John L. Dietsch Square			Street Address		
City N. Attleboro	State MA	Zip 02763	City	State	Zip
Secretary Name Blake G. Hodess			Treasurer Name Claude L. Levesque		
Street Address 100 John L. Dietsch Square			Street Address 100 John L. Dietsch Square		
City N. Attleboro	State MA	Zip 02763	City N. Attleboro	State MA	Zip 02763
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Blake G. Hodess			Director Name		
Street Address 100 John L. Dietsch Square			Street Address		
City N. Attleboro	State MA	Zip 02763	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
			100		Common
					PAR VALUE
					No 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. <i>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.</i>					
Name of Authorized Representative Blake G. Hodess, President					Date 1/10/17
Signature of Authorized Representative <i>Blake G. Hodess</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 23 2018
 BY **20050 DS**