RI SOS Filing Number: 201856641070 Date: 1/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 JAN 23 PM 1:39

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	2. Exact name of the Corporation
76476	Freeport General Contracting Inc.

3. Principal Office Address	City	State	Zip
8 Remington Street	North Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	To provide general contracting and maintenance services to the general public
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Kenneth L. Bostic	Kenneth A. Bostic
Street Address: P.O. Box 487	Street Address: 151 Old Smithfield Hill Road
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
Secretary Name	**Treasurer Name**
Kenneth L. Bostic	Kenneth L. Bostic
Street Address: P.O. Box 487	Street Address: P.O. Box 487
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
n/a	n/a
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
n/a	n/a.
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	common	no par

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	Date
KENNETH L BOSTIC	1/23/2018.
Signature of Authorized Representative	

FILED
JAN 23 2018
BY 322472
A.A.

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: 08/2017