RI SOS Filing Number: 201857026290 Date: 1/25/2018 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.

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4 E-10 (D.N)	10 5					N/W			
1. Entity ID Number 46312		2. Exact name of the Corporation							
40312	FURETRO	FUREY ROOFING AND CONSTRUCTION COMPANY, INC.							
Principal Office Address			City		State	Zip			
85 Cypress Street			Warwick		RI	02888			
4. NAICS Code 5. State of Incorporation	Brief description of the character of business conducted in Rhode Island     General Contracting of Roofing and Sheet Metal								
RHODE ISLAND				·					
7. List ALL officers (names and ad	dresses)			Checl	k the box to in	ndicate an attachment 🔲			
President Name Thomas E. Furey			Vice-President Name Thomas E. Furey						
Street Address 85 Cypress Street			Street Address 85 Cypress Street						
<sup>City</sup> Warwick	State RI	Zip 02888	City Warwick		State RI	Z <sub>IP</sub> 02888			
Secretary Name Thomas E. Furey		Treasurer Name Thomas E. Furey							
Street Address 85 Cypress Street		Street Address 85 Cypress Street							
City Warwick	State RI	Zip 02888	City Warwick		State RI	<sup>Zip</sup> 02888			
8. List ALL directors (names and a	ddresses)			Chec	k the box to i	ndicate an attachment 🔲			
Director Name Thomas E. Furey		Director Name None							
Street Address 85 Cypress Street		Street Address							
City Warwick	State RI	Zip 02888	City		State	Zip			
Director Name None		Director Name None							
Street Address		Street Address							
City	State	Zıp	City	·	State	Zıp			
9. Shares Authorized 10. Shares Is		sued Check the box to indicate an attachment							
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
		600	600			No Par			
Changes require an additional filing	·								
11. This report must be executed of	on behalf of the	corporation by an	authorized repres	entative. If the corp	oration is in t	he hands of a receiver or			
trustee, this report must be execut	ed on behalf of	the corporation by	the receiver or tr	ustee.					
Under penalty of perjury, I decla				ncluding any acco	mpanying s	chedules and			
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date									
Thomas E. Furey, President		1/5/18							
Signature of Authorized Regresentative  SIGN DOCUMENT HERE									
>W/lessen	en/1	resign Duc	JUNENI HE	<u> </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