	J		Date: 1/29/2018 4:	00:00 PM 		
State of Rhode Island and Providence Plantations Department of State - Business Services Division					: '	
Annual Report for th Corporation → Filing period: Januar → Filing Fee: \$50.00 → Penalty: Additional \$2	y 1'- March 1		_		·	
1. Entity ID Number 12647	•	e of the Corporation	oration NG SERVICE, INC.			
3. Principal Office Address 15 Lady Slipper Lane			City North Scituate	State RI	Zip 02857	
4. NAICS Code 23-Construction 5. State of Incorporation RI		n and carpentry	cter of business conducted in F	Rhode Island		
7. List ALL officers (names and addresses) President Name Joseph Baldini			Check the box to indicate an attachment Vice-President Name same Street Address			
Street Address 15 Lady Slipp City North Scituate	State RI	Žip 02857	City	State	Zip	
Secretary Name same			Treasurer Name same			
Street Address			Street Address		Zip	
City 8. List ALL directors (names	State s and addresses)	Zip 	City		icate an attachment	
Director Name Joseph Baldi	ini		Director Name			
Street Address 15 Lady Slipper Lane			Street Address			
City North Scituate	State RI	Zip 02857	City	State	Zip	
Director Name			Director Name Street Address			
Street Address	State	Zıp	City	State	Zip	

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. Date

none

10. Shares Issued

NUMBER OF SHARES

Name of Authorized Representative

JOSEPH BALDINI

Changes require an additional filing.

This information is currently of record in the

Signature of Authorized Representative

aldine THE

MAIL TO:

City

9. Shares Authorized

Department of State.

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 29 2018

CLASS/SFRIES

FORM 630 - Revised: 10/2017

Check the box to indicate an attachment

PAR VALUE