



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 2717		2. Exact name of the Corporation BOYDCO, INC.			
3. Principal Office Address 101 Commercial Way			City East Providence	State RI	Zip 02914
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island Installation and maintenance of waste treatment equipment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lee A. Sprague			Vice-President Name None.		
Street Address 101 Commercial Way			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Lee A. Sprague			Treasurer Name Lee A. Sprague		
Street Address 101 Commercial Way			Street Address 101 Commercial Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lee A. Sprague			Director Name		
Street Address 101 Commercial Way			Street Address		
City East Providence	State RI	Zip 02914	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		PAR VALUE
			101	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. <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 Lee A. Sprague				Date 12/27/17	
Signature of Authorized Representative 					

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

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JAN 29 2018

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