



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ 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 143004		2. Exact name of the Corporation RADDY, INC.			
3. Principal Office Address 119 Mattity Road			City North Smithfield	State RI	Zip 02896
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island construction, remodeling, carpentry				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name Michael M. Gonera			Vice-President Name none		
Street Address 118 Mattity Road			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Michael M. Gonera			Treasurer Name Michael M. Gonera		
Street Address 118 Mattity Road			Street Address 118 Mattity Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 300	CLASS/SERIES common	PAR VALUE \$1.00	
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 Michael M. Gonera, President				Date 2-12-18	
Signature of Authorized Representative <i>Michael M. Gonera</i>					

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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FORM 630 - Revised: 10/2017