RI SOS Filing Number: 201859048010 Date: 2/23/2018 4:00:00 PM

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

FILED
FEB 23 2018
BY 36049

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			
1659849	CAM CONSTRUCTION CO., INC.			
3. Principal Office Address		City	State	Zip
108 W. TIMONIUM ROAD, SUITE 300		TIMONIUM	MD	21093
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	CONSTRUCTION AND BUILDING			
5. State of Incorporation				
MD				

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

President Name NONE			Vice-President Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name MICHAEL MARC MUNAFO			Director Name JOHN T. SPEIGHTS		
Street Address 703 ABELL RIDGE CIRCLE			Street Address 25 BERKSHIRE DRIVE		
City TOWSON	State MD	Zip 21204	City SHREWSBURY	State PA	Zip 17361
Director Name NONE			Director Name NONE		
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
237.4	A	$25,273/S HR

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
MICHAEL MARC MUNAFO	1/30/18

Signature of Authorized Representative: M. Marc Munafo — SIGN DOCUMENT HERE

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: 10/2017