RI SOS Filing Number: 201859078530 Date: 2/23/2018 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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SECRETARY OF STATE
CORP. DIV.
2018 FEB 23 PM 1:1

1. Entity ID Number	2. Exact name of the Corporation		
000080297	**Falcon Boiler & Hydraulic Services, Inc.**		
3. Principal Office Address: **2 Williams Street**	City: **Providence**	State: **RI**	Zip: **02903**
4. NAICS Code: **811310**	6. Brief description of the character of business conducted in Rhode Island: **To engage in industrial and hydraulic boiler repair**		
5. State of Incorporation: **Rhode Island**			

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

President Name: **Russell M. Barrie**			Vice-President Name: **David Radick**		
Street Address: **173 Ferncrest Avenue**			Street Address: **187 Old Mountain Road**		
City: **Cranston**	State: **RI**	Zip: **02905**	City: **West Kingston**	State: **RI**	Zip: **02892**
Secretary Name: **Russell M. Barrie**			Treasurer Name: **David Radick**		
Street Address: **173 Ferncrest Avenue**			Street Address: **187 Old Mountain Road**		
City: **Cranston**	State: **RI**	Zip: **02905**	City: **West Kingston**	State: **RI**	Zip: **02892**

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

Director Name: **N/A**			Director Name: **N/A**		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: **N/A**			Director Name: **N/A**		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**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.

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: Russell M. Barrie — **FILED** — Date: 2-5-18

Signature of Authorized Representative: [signature] — SIGN DOCUMENT HERE — FEB 23 2018

BY 23339

2/23

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