

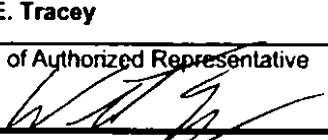
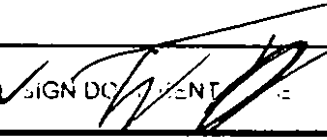


State of Rhode Island and Providence Plantations

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 82609		2. Exact name of the Corporation Trac-Builders, Inc.			
3. Principal Office Address 28 Wolcott Street			City Providence	State RI	Zip 02908
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island General contracting services				
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 William E. Tracey			Vice-President Name Nelson M. Ferreira		
Street Address 28 Wolcott Street			Street Address 28 Wolcott Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Judith A. Russell			Treasurer Name William E. Tracey		
Street Address 28 Wolcott Street			Street Address 28 Wolcott Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William E. Tracey			Director Name		
Street Address 28 Wolcott Street			Street Address		
City Providence	State RI	Zip 02908	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
			300	Common	No par value
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 William E. Tracey				Date 2.15.18	
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

FEB 26 2018

46451 FORM 630 - Revised: 10/2017