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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 108701		2. Exact name of the Corporation Wesson Construction, Inc.				
3. Principal office address 328 Cowesett Avenue Suite1			City West Warwick	State RI	Zip 02893	
4. Business Phone No. 401-828-6888			5. State of Incorporation Rhode Island			
6. Brief description of the cha	aracter of busines	ss conducted in Rhode Island	d	···		
Residential, Comme	rical Building	Remodeling $\partial 30$	118			
7. LIST ALL OFFICERS (NA	AMES AND ADD	RESSES) ("X" BOX FOR A	_,			
President Name Ricky D. Wesson			Vice-President Name Joshua D. Wesson			
Street Address 225 Middle Road			Street Address 225 Middle Road			
City East Greenwich	State RI	Zip 02818	City East Greenwich State RI		Ζ _{ip} 02818	
Secretary Name Ricky D. Wesson			Treasurer Name Ricky D. Wesson			
Street Address 225 Middle Road			Street Address 225 Middle Road			
City East Greenwich	State RI	Zip 02893	City State RI		Zip 02818	
8. LIST <u>all</u> directors (f	NAMES AND AD	DRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Ricky D. Wesson			Director Name			
Street Address 225 Middle Road			Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip	
Director Name	<u>-</u>		Director Name	, 4 <u></u> ,		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			None			
This report must be executed		e corporation by an authorize ust be executed on behalf of			ds of a receiver or trustee,	
File Date		T	Under penalty of po this report, including	erjury, I declare and aff	Irm that I have examined schedules and statements	
Check No		FILED	And that all statements of Ricky &	ents contained herein a	are true and correct.	
Ву:				Z (ZUZO) ized Representative	<i>Q√Q1/18</i> Date	
FOR SECRETARY OF STA	TE USE ONLY	FEB 2 8 2018	Ricky D. Wess	·		
orm No. 630	B'	· 44110 D	Print or Type Name	of Authorized Represen	tative	