RI SOS Filing Number: 201859574050 Date: 2/28/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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		
82608	PERRY'S CONSTRUCTION, INC.		
3. Principal Office Address	City	State	Zip
2 LARSON COURT	BRISTOL	RI	02809
4. NAICS Code: 23 6115	6. Brief description of the character of business conducted in Rhode Island: TO BUILD, REPAIR, AND REMODEL HOMES, BUILDINGS, AND OFFICES		
5. State of Incorporation: RHODE ISLAND			

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

President Name: SCOTT A. PERRY			Vice-President Name: SCOTT A. PERRY		
Street Address: 2 LARSON COURT			Street Address: 2 LARSON COURT		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Secretary Name: SCOTT A. PERRY			Treasurer Name: SCOTT A. PERRY		
Street Address: 2 LARSON COURT			Street Address: 2 LARSON COURT		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

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

Director Name: SCOTT A. PERRY			Director Name		
Street Address: 2 LARSON COURT			Street Address		
City: BRISTOL	State: RI	Zip: 02809	City	State	Zip
Director Name			Director Name		
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: SCOTT A. PERRY — Date: 1-11-18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 69163

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