



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

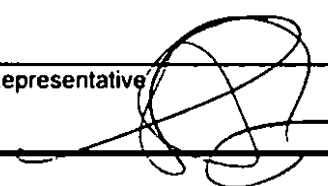
Annual Report for the year: **2018**
Corporation

STAMP

→ 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 82608		2. Exact name of the Corporation PERRY'S CONSTRUCTION, INC.			
3. Principal Office Address 2 LARSON COURT			City BRISTOL	State RI	Zip 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			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
			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. <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 SCOTT A. PERRY					Date 1-11-18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

FEB 28 2018

BY

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