RI SOS Filing Number: 201859580790 Date: 3/1/2018 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.

1. Entity ID Number	2. Exact name of the Corporation
000089588	Presidential Building Corp

3. Principal Office Address	City	State	Zip
321 Greenville Rd	North Smithfield	RI	02896

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	Remodeling subcontractor
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Richard McPherson	Richard McPherson
Street Address: 321 Greenville Rd	Street Address: 321 Greenville Rd
City: North Smithfield, State: RI, Zip: 02896	City: North Smithfield, State: RI, Zip: 02896
Secretary Name: Diana McPherson	**Treasurer Name:** Diana McPherson
Street Address: 321 Greenville Rd	Street Address: 321 Greenville Rd
City: North Smithfield, State: RI, Zip: 02896	City: North Smithfield, State: RI, Zip: 02896

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

Director Name	Director Name
Street Address	Street Address
City, State, Zip	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This Information is currently of record in the Department of State. Changes require an additional filing.	0		none

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	Date
Richard McPherson	2-26-18

Signature of Authorized Representative: Richard McPherson SIGN DOCUMENT HERE

FILED
MAR 01 2018
BY 129765

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