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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

| Entity ID Number | | 2. Exact name of the Corporation | | | | | | |
|--|-----------------------------|--|---------------------------------------|------------------------------|---------------|------------------------|--|--|
| 94822 | HUGHSTON CONSTRUCTION, INC. | | | | | | | |
| 3. Principal Office Address | | | City | | State | Zıp | | |
| 40 HOPE STREET | | | WARREN | | RI | 02885 | | |
| 4. NAICS Code | 6. Brief desc | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 236115 | CARPENTE | CARPENTRY | | | | | | |
| 5. State of Incorporation | | | | | | | | |
| RHODE ISLAND | ł | | | | | | | |
| 7. List ALL officers (names a | and addresses) | | | Check | the box to i | ndicate an attachment | | |
| President Name HUGH JACK | Vice-President Name | | | | | | | |
| | Street Address | | | | | | | |
| Street Address 40 HOPE STF | | | | | | | | |
| City WARREN | State RI | ^{Zip} 02885 | City | | State | Zip | | |
| Secretary Name | | | Treasurer Nam | ne | 1 | | | |
| | | | | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | Zip | | |
| · | | | | | _ | | | |
| 3. List ALL directors (names | and addresses) | | In the second | | the box to i | ndicate an attachmen | | |
| Director Name | | | Director Name | ! | | | | |
| Street Address | | | Street Address | | | | | |
| | In: | | | <u> </u> | I Canada | 17: | | |
| City | State | Zip | City | | State | Zip | | |
| Director Name | 1 | I | Director Name | | _1 | | | |
| | | | | | | | | |
| Street Address | | | Street Address | 5 | | | | |
| City | State | Žip | City | | State | Zip | | |
| | | 10.0 | | <u> </u> | | | | |
| 9. Shares Authorized This information is currently | of record in the | 10. Shares Is | | | | ndicate an attachment | | |
| Department of State. | | 1000 | · · · · · · · · · · · · · · · · · · · | COMMON | | NO PAR | | |
| Changes require an additional filing. | | <u> </u> | | <u> </u> | | | | |
| • | - | | | | | | | |
| 11. This report must be exec | cuted on behalf of the | corporation by an | authorized repres | sentative. If the corpo | oration is in | the hands of a receive | | |
| rustee, this report must be i Inder penalty of perjury, i | executed on behalf o | the corporation by | the receiver or tr | ustee. ncluding anv accor | noanvina s | chedules and | | |
| statements, and that all st | tatements contained | | | | | | | |
| Name of Authorized Repres | | | Date 2 | | | | | |
| HUGH JACKSON | 1 1 | | | | | 20/0 | | |
| Signature of Authorized Rep | esentative | | | | | | | |
| 1//// | 1/4 | 2.18 | 2000 Nº HERE | בוו כח | | | | |
| | | | | rilei) — | | | | |

MAIL TO:

MAIL TO: //
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 5 2018

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