

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 001666876		2. Exact name of the Corporation SIEG DESIGN AND CONSTRUCTION ASSOC. INC.	
3. Principal Office Address 840 ROCKRIMMON RD		City STAMFORD	State CT.
		Zip 06903	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island RENOVATION AND REMODELLING OF RESIDENTIAL HOMES		
5. State of Incorporation CT.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RENATE SIEG ELWELL		Vice-President Name ALAN C ELWELL	
Street Address 840 ROCKRIMMON RD		Street Address 840 ROCKRIMMON RD	
City STAMFORD	State CT.	City STAMFORD	State CT.
Zip 06903		Zip 06903	
Secretary Name MIMI FLYNN		Treasurer Name RENATE SIEG ELWELL	
Street Address 8 WILSON RIDGE ROAD		Street Address 840 ROCKRIMMON RD	
City DARIEN	State CT.	City STAMFORD	State CT.
Zip 06820		Zip 06903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name _____		Director Name _____	
Street Address _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	
Director Name _____		Director Name _____	
Street Address _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____		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 <input type="checkbox"/>	
		NUMBER OF SHARES 25	CLASS/SERIES NONE ISSUED
		PAR VALUE NOT ESTABLISHED	
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 RENATE SIEG ELWELL		Date 2/24/2018	
Signature of Authorized Representative <i>Renate Sieg Elwell</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 05 2018

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