

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