



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 1041		2. Exact name of the Corporation FRANK ANDREWS CONSTRUCTION, INC.			
3. Principal Office Address 55 1/2 WOODLAWN AVENUE		City BRISTOL		State RI	Zip 02809
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK H. ANDREWS			Vice-President Name		
Street Address 55 1/2 WOODLAWN AVENUE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name			Treasurer Name FRANK H. ANDREWS		
Street Address			Street Address 55 1/2 WOODLAWN AVENUE		
City	State	Zip	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRANK H. ANDREWS			Director Name		
Street Address 55 1/2 WOODLAWN AVENUE			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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	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. 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 FRANK H. ANDREWS <i>Frank H Andrews</i>					Date 2/26/18
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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 22 2018

BY

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FORM 630 - Revised: 10/2017