



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2013
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 APR 13 AM 10:34

1. Entity ID Number 573610		2. Exact name of the Corporation James Hunt Construction Co., Inc.			
3. Principal Office Address 1865 Summit Road			City Cincinnati	State OH	Zip 45237
4. NAICS Code 236210		6. Brief description of the character of business conducted in Rhode Island General Contractor specializing in retail build outs and tenant finish			
5. State of Incorporation Ohio					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Veronica J. Davis			Vice-President Name Christopher L. Davis		
Street Address 3463 Carpenters Creek Dr.			Street Address 3463 Carpenters Creek Dr.		
City Cincinnati	State OH	Zip 45241	City Cincinnati	State OH	Zip 45241
Secretary Name Christopher L. Davis			Treasurer Name Veronica J. Davis		
Street Address 3463 Carpenters Creek Dr.			Street Address 3463 Carpenters Creek Dr.		
City Cincinnati	State OH	Zip 45241	City Cincinnati	State OH	Zip 45241
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Veronica J. Davis			Director Name		
Street Address 3463 Carpenters Creek Dr.			Street Address		
City Cincinnati	State OH	Zip 45241	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		A
			PAR VALUE		500
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 Veronica J. Davis				Date 4/11/18	
Signature of Authorized Representative <i>Veronica J. Davis, President</i>				10:35 AM	

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
 APR 13 2018 KM
 BY 328734 FORM 630 - Revised: 10/2017