



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

Annual Report for the year: 2018 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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV.
 2018 MAY 18 PM 12:38

1. Entity ID Number 1335907		2. Exact name of the Corporation VERTEC CORP			
3. Principal Office Address 180 MAIN ST		City NORTH EASTON		State MA	Zip 02356
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM C. FARADIE, JR.		Vice-President Name			
Street Address 180 MAIN ST		Street Address			
City NORTH EASTON	State MA	Zip 02356	City	State	Zip
Secretary Name WILLIAM C. FARADIE, III		Treasurer Name WILLIAM C. FARADIE, III			
Street Address 180 MAIN ST		Street Address 180 MAIN ST			
City NORTH EASTON	State MA	Zip 02356	City NORTH EASTON	State MA	Zip 02356
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	Zip	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	PAR VALUE	
		2850	Common	\$.0001	
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 WILLIAM C. FARADIE, III				Date 5/9/18	
Signature of Authorized Representative 				FILED	

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
 MAY 18 2018
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 BY _____ FORM 630 - Revised: 08/2017