RI SOS Filing Number: 201867616560 Date: 5/29/2018 12:24:00 PM

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 MAY 29 PM 12:22

1. Entity ID Number	2. Exact name of the Corporation		
000151344	Structural Systems, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
865 Turnpike Street	N Andover	MA	01845
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
236116	To provide steel framing on low rise commercial buildings		
5. State of Incorporation			
MA			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒

President Name	Street Address	City	State	Zip
Jay H Brown	17 Penniman Lane	Hampton	NH	03842

Vice-President Name	Street Address	City	State	Zip
Brian M Mitchell	9 Lisa Lane	Georgetown	MA	01833

Secretary Name	Street Address	City	State	Zip
Jay H Brown	17 Penniman Lane	Hampton	NH	03842

Treasurer Name	Street Address	City	State	Zip
Jay H Brown	17 Penniman Lane	Hampton	NH	03842

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Brian M Mitchell	9 Lisa Lane	Georgetown	MA	01833

Director Name	Street Address	City	State	Zip
Jay H Brown	17 Penniman Lane	Hampton	NH	03842

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	12500	CNP	.0

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	Date
Jay H Brown, President	May 24, 2018

Signature of Authorized Representative SIGN DOCUMENT HERE

FILED
MAY 29 2018
BY 331483 12:24

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

FORM 630 - Revised: 10/2017

STRUCTURAL SYSTEMS, INC.

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Vice President

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