Department of State Annual Report for the year	•						,	
Corporation → Filing period: January 1 - Ma → Filing Fee: \$50.00							2018 2018	
→ Penalty: Additional \$25.00 fee		, .			_		2000 2000 2000 2000 2000 2000 2000 200	
Entity ID Number 2. Exact name of the Corporation							4 Sep. 2	
000151344	5	Structural Systems, Inc.						
Principal Office Address			City	·	State		Zip ==-<:=	
865 Turnpike Street			N And	dover	MA	-	E01845()	
4. NAICS Code	6. Brief description	on of the character	of business c	onducted in Rhode Isl	and	-	5	
236116·	To provide steel framing on low rise \sim							
5. State of Incorporation	commercial buildings							
· I								
MA				Charlett	h t i	diamen a	n attachment 🔽	
7. List ALL officers (names and addre President Name	Check the box to indicate an attachment Vice-President Name							
Jay H Brown			Brian M Mitchell					
Street Address			Street Address					
17 Penniman Lane			9 Lisa Lane					
City Hampton	State NH	Zip 03842	City		State	1	Ζιρ	
Secretary Name	Nn	1 03042	Treasurer Nam	rgetown	<u> </u>	IA	01833	
Jay H Bı	rown							
Street Address			Street Address					
17 Penniman Lane			17 Penniman Lane					
City Hampton	Stat e NH	Zip 03842	City	nton	State NH		Zip 03842	
8. List ALL directors (names and add		03042	l nam	pton Check t			in attachment	
Director Name	Director Name							
Brian M Mitchell			Jay H Brown					
Street Address			Street Address					
9 Lisa Lane City State Zip			17 Penniman Lane					
Georgetown	MA	01833		Hampton	State	NH	03842	
Director Name	na.	1 01033	Director Name	-	<u> </u>			
Street Address			Street Address					
City State		Zip	City Stat		State	te Zip		
]		- · · ·	",		1			
		10. Shares Issue						
This information is currently of record in the		NUMBER OF SHARES		CLASS/SFRIES		1	PAR VALUE	
Department of State.]		Ī			

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

Changes require an additional filing.

Date

Jay H Brown, President

May 24, 2018

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 BY 4331483

aiay

FORM 630 - Revised: 10/2017

, STRUCTURAL SYSTEMS, INC.

865 TURNPIKE STREET • NORTH ANDOVER, MASSACHUSETTS 01845.6139
phone 978.682.1000
fax 978.682.1004

Vice President

Joshua Reilly 10 Flora Street Haverhill, MA 01830