RI SOS Filing Number: 201877176700 Date: 9/10/2018 12:43:00; PM

S<sup>\*</sup>...



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year	2018
Corporation	aulo

→ Filing period: January 1 - March 1				My Office was the				
→ Filing Fee: \$50.00		- A #1 -  A 1 -  A -  -  1 -  A			AND OFFICE	<b>V</b>		
→ Penalty: Additional \$25.00		• •						
1. Entity ID Number	2. Exact name of the Corporation							
187893	Ine A	tuson co.,1						
3. Principal Office Address	•		City		State	Zip		
49 Danton Dri				nuen	MA	01844		
I. NAICS Code		ription of the charact		conducted in Rhod	le Island			
236220	Specialty construction							
5. State of Incorporation		<u>ہ</u>						
MA								
7. List ALL officers (names and ac	ldresses)		Vice-Presiden		ck the box to indica	ate an attachment		
Alan P Auson S	<b>(</b> .		Vice resident Hanie					
Street Address			Street Address					
<u>49 Danton Dnuk</u>	State	IZ <sub>ID</sub>	City		State	Zip		
Methuen	State	01844						
Secretary Name  MALWUN ANSIM			Treasurer Nan	Treasurer Name				
Street Address	•		Street Address	<u> </u>				
49 Danton Driv	<u>l</u>		<u> </u>		1-	Y==-		
Mathurn	State	2 01844	City		State	Zip		
B. List ALL directors (names and a				Che	eck the box to indicate	ate an attachment		
Director Name			Director Name	3				
Street Address		<del></del>	Street Address	<u> </u>				
20	To	T-a-	10.		To: ·	T=:		
City	State	Zip	City		State	Zip		
Director Name		<del></del>	Director Name	•	1			
Street Address			Street Address					
Street Address	reet Address			Street Address				
City	State	Zip	City		State	Zip		
3. Shares Authorized		10. Shares Issu	<u>l</u> ied	Che	ck the box to indica	te an attachment		
This information is currently of rec				CLASS/SF				
epartment of State. 10,00		10,000	CNP					
Changes require an additional filing	}.	·		_				
11. This report must be executed	on behalf of the	corporation by an a	uthorized repres	entative. If the co	rooration is in the h	ands of a receive		
rustee, this report must be execu	ted on behalf of	the corporation by t	he receiver or tr	ustee.				
Under penalty of perjury, I declar statements, and that all stateme			•	ncluding any acc	companying sched	dules and		
Name of Authorized Representati					Date			
Alan P. Ausin Sr 8-1-18						18		
Signature of Authorized Represen	itative		FILED			<del></del>		
6		SIGN DOC						
IAIL TO:		•	SEP 10 20	19:0	113			
ivision of Business Services		\/	1 ans	120°	ر-			
48 W. River Street, Providence, Rhod	ie Island 02904-26	615	こうごう	, OA				

Phone: (401) 222-3040