1 RI SOS Filing Number: 201877261000 Date: 9/11/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

- → Filing period January 1 March 1
- > Filing Fee: \$50 00
- → Penalty: Additional \$25 00 fee if form is not filed by April 1.

1 Entity ID Number	2. Exact name	of the	Corporation						
1/06/04/35	BARR COL	ммя	RCIAL CONS	rructio	ON INC				
3 Principal Office Address	TROTTIE COME	City			State	Zip	_		
5011 S STATE ROAD 7 # 107				DÁVIE			FL	33314	
4 NAICS Code			f the character of busi	ousiness conducted in Rhode Island					
236200									
5 State of Incorporation	7								
 71,	COMMERC	TAT	CONSTRUCT	TON:					
7. List ALL officers (names and		Check the box to indicate an attachment							
President Name				Vice-President Name					
Street Address				Street Address					
City	State	Zıp		City		State		Zip	
Secretary Name .				Treasurer Name					
Street Address				Street Address					
City	State	Žip		City		State	ate Zip		
8 List ALL directors (names an	d addresses)			L	Ch	eck the box	k to indica	ate an attachment	П
Director Name				Director Name					
RONALD BARR									
Street Address 3 7 3 6 AMELIA ISLAND LANE				Street Address					
City	State	Zip		City		State	Ĭ	Zıp	
DAVIE	FL] 3	3328						
Director Name				Director Name					
Street Address				Street Address					
City	State	Zıp		City		State		Zip	
9 Shares Authorized		10 Shares Issued	es Issued Check the				ate an attachment	Т	
This information is currently of record in the			NUMBER OF SE					PAR VALUE	
Department of State.			100	CS				1	
Changes require an additiona	l filing.		•						
11 This report must be execute	d on behalf of the o	corpo	ation by an authorized	l representat	ive. If the corporation	is in the ha	ands of a	receiver or	
trustee, this report must be exe									
Under penalty of perjury,					ort, including any	accompa	anying s	schedules and	
statements, and that all st	1 1 /	ined	herein are true an	d correct.		1		, , , , , , , , , , , , , , , , , , , 	
Name of Authorized Represent	alve.						Date	4/18	
Signature of Authorized Representation	enlative		4		FILFN				
=0	1					- .			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 1 1 2018 DV 15465