



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.

1. Entity ID Number 001673147		2. Exact name of the Corporation BEAM & STRUCTURAL REPAIR CO. INC.			
3. Principal Office Address 275 HOLMES ST			City HALIFAX	State MA	Zip 02338
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island CARPENTRY - STRUCTURAL REPAIR - DECKS ADDITIONS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name WALTER W. MURPHY			Vice-President Name —		
Street Address 275 HOLMES ST.			Street Address		
City HALIFAX	State MA	Zip 02338	City	State	Zip
Secretary Name WALTER W. MURPHY			Treasurer Name WALTER W. MURPHY.		
Street Address 275 HOLMES ST.			Street Address 275 HOLMES ST.		
City HALIFAX	State MA	Zip 02338	City HALIFAX	State MA	Zip 02338
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name WALTER W. MURPHY.			Director Name —		
Street Address 275 HOLMES ST.			Street Address		
City HALIFAX	State MA	Zip 02338	City	State	Zip
Director Name —			Director Name —		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1,000	CLASS/SERIES	PAR VALUE 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 WALTER W. MURPHY					Date 9/17/18
Signature of Authorized Representative Walter W. Murphy					

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

SEP 20 2018

BY

1051657 DS

FORM 630 - Revised: 10/2017