



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **3/31/2018**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000509084		2. Exact name of the Corporation FRAZER CONSTRUCTION CORP.			
3. Principal office address 198 MILTON STREET, UNIT 101		City DEDHAM	State MA	Zip 02026	
4. Business Phone No. 781-326-8006		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island WINDOW & DOOR REPLACEMENT, RELATED LIGHT CONSTRUCTION NAICS CODE: 238150					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOSEPH P. FRAZER			Vice-President Name NONE		
Street Address 102 PARKLAWN ROAD			Street Address		
City WEST ROXBURY	State MA	Zip 02132	City	State	Zip
Secretary Name JOSEPH P. FRAZER			Treasurer Name JOSEPH P. FRAZER		
Street Address 102 PARKLAWN ROAD			Street Address 102 PARKLAWN ROAD		
City WEST ROXBURY	State MA	Zip 02132	City WEST ROXBURY	State MA	Zip 02132
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name JOSEPH P. FRAZER			Director Name		
Street Address 201 PARKLAWN ROAD			Street Address		
City WEST ROXBURY	State MA	Zip 02132	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$200,000.00

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative **JOSEPH P. FRAZER** Date **09/27/2018**
Print or Type Name of Authorized Representative