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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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Penalty: Additional \$2 Entity ID Number				<u></u>	~4 _{12:07} -			
000798735		2. Exact name of the Corporation B & D CONSTRUCTION CO., INC.						
3. Principal Office Address 252 BRITTON STREET			City	·	State	Zip		
			RAYNHAM		MA	02767		
4. NAICS Code		Brief description of the character of business conducted in Rhode Island						
236115	GENERAL (GENERAL CONTRACTOR - RESIDENTIAL AND BUSINESS						
5. State of Incorporation								
MA								
7. List ALL officers (names a	nd addresses)			Che	ck the box to in	ndicate an attachment		
President Name BRENDAN P. MULLEN			Vice-President Name BRENDAN P. MULLEN					
Street Address 59 LINDEN ST UNIT 1302			Street Address 59 LINDEN ST UNIT 1302					
City TAUNTON	State MA	^{Zip} 02780	City TAUNTON		State MA	Zip 02780		
	Secretary Name BRENDAN P. MULLEN		Treasurer Name BRENDAN P. MULLEN					
Street Address 59 LINDEN ST UNIT 1302		Street Address 59 LINDEN ST UNIT 1302						
City TAUNTON	State MA	^{Zip} 02780	City TAUNTON		State MA	Zip 02780		
8. List ALL directors (names	and addresses)			Che	ck the box to ir	ndicate an attachment		
Director Name BRENDAN P. MULLEN		Director Name NONE						
Street Address 59 LINDEN ST. UNIT 1302		Street Address						
City TAUNTON	State MA	^{Zip} 02780	City		State	Zip		
Director Name NONE		Director Name NONE						
Street Address			Street Address					
City	State	Zıp	City	 · .	State	Zip		
9. Shares Authorized		10. Shares iss						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		C. ASS/SERIES PAR VALUE				
		100		CNP/1		\$0.000		
11. This report must be executrustee, this report must be e	uted on behalf of the	corporation by an	authorized represe	entative. If the con	rporation is in the	ne hands of a receiver or		
Under penalty of perjury, I	declare and affirm t	hat I have examin	ed this report, in	cluding any acc	ompanying so	hedules and		
statements, and that all sta Name of Authorized Represe	itements contained	herein are true ai	nd correct.					
BRENDAN P. MULLEN	mative			•		Date / / -		
				· ! 		11/12/2018		
Signature of Authorized Repr	resentative	21011.50	V LEADURE & 6A4	<u> </u>	+ - +			
Janela Mark	•	SIGN DO	CENOVIE 6-201	0				
MAIL TO:		 -	10420	75				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov A.A. 12:10pm

FORM 630 - Revised: 10/2017