RI SOS Filing Number: 201983911220 Date: 1/7/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

Filing Fee: \$50.00

→ Penalty: Additional \$25 <ol> <li>Entity ID Number</li> </ol>		······	\ <u></u>	<del></del>	_		
484604		2. Exact name of the Corporation  Bay State Drywall Co., Inc.					
3. Principal Office Address	1		City	<del> </del>	State	Zip	
241 Chace Road	E. Freetow	E. Freetown		02717			
4. NAICS Code	6. Brief descr	ption of the chara	cter of business	conducted in Rho	ode Island		
238310	Drywall metal stud framing, EIFS subcontractor and other legal purposes						
5. State of Incorporation		<del></del>	, 2 0 00,000		regar parposes	•	
Massachusetts							
7. List ALL officers (names ar	nd addresses)			Ch	neck the box to i	ndicate an attachment 🖸	
President Name Manuel A. So	Vice-President Name  Jason E. Soares						
Street Address 236 Chace Ro	Street Address 224 Underwood Avenue						
City E. Freetown	State MA	Zip 02717	City Fall Riv	City Fall River		Zip 02720	
Secretary Name Jose E. Soar	Treasurer Name Jose E. Soares						
Street Address 234 Chace Ro	Street Address 234 Chace Road						
City E. Freetown	State MA	<sup>Zip</sup> 02717	City E. Freetown		State MA	Zip 02717	
8. List ALL directors (names a	and addresses)			Ch	neck the box to i	ndicate an attachment 🔲	
Director Name Manuel A. Sou	Director Name Jose E. Soares						
Street Address 236 Chace Roa	Street Address 234 Chace Road						
Cily E. Freetown	State MA	Zip 02717	City E. Freetown		State	Zip 02717	
Director Name	· · · · · · ·	Director Name					
Street Address		Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Iss	Shares Issued		Check the box to indicate an attachment			
This information is currently of	NUMBER OF SHARES			CLASS/SERIES PAR VALUE			
Department of State.		0		Common		No Par	
Changes require an additional							
11. This report must be execu					orporation is in t	the hands of a receiver or	
trustee, this report must be ex						abadulaa aad	
Under penalty of perjury, I o statements, and that all stat			•	including any ac	companying s	cnequies and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Jose E. Soares, Secretary					12	27-18	
Signature of Authorized Repre	esentative	_					
				}			

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JAN 07 2019
FORM 630 - Revised: 10/2017
BY 201000
AUGUS

Bay State Drywall Co., Inc., I.D. No.: 484604

Attachment for No. 7:

John Bernardino, Vice President 241 Chace Road E. Freetown, MA 02717

FILED

JAN 07 2019

BY 26000 05

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