



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

STAMP

→ 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 001680901		2. Exact name of the Corporation M P Andruchow Construction, Inc.			
3. Principal Office Address 1876 New London Turnpike			City West Warwick	State RI	Zip 02893
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island To engage in the business of general construction and real estate development			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael P. Andruchow			Vice-President Name None		
Street Address 1876 New London Turnpike			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Michael P. Andruchow			Treasurer Name Michael P. Andruchow		
Street Address 1876 New London Turnpike			Street Address 1876 New London Turnpike		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 Michael P. Andruchow, President					Date 01/14/2019
Signature of Authorized Representative <i>Michael P. Andruchow</i>					SIGN DOCUMENT HERE 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

JAN 17 2019

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FORM 630 - Revised: 10/2017