



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 <b>001680901</b>		2. Exact name of the Corporation <b>M P Andruchow Construction, Inc.</b>			
3. Principal Office Address <b>1876 New London Turnpike</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>236117</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of general construction and real estate development</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael P. Andruchow</b>			Vice-President Name <b>None</b>		
Street Address <b>1876 New London Turnpike</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name <b>Michael P. Andruchow</b>			Treasurer Name <b>Michael P. Andruchow</b>		
Street Address <b>1876 New London Turnpike</b>			Street Address <b>1876 New London Turnpike</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par Value</b>
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 <b>Michael P. Andruchow, President</b>					Date <b>01/14/2019</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE <b>FILED</b>

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

JAN 17 2019

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FORM 630 - Revised: 10/2017