

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2019
Corporation	

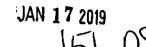
→ Filin	ng period: January 1 - I ng Fee: \$50.00 alty: Additional \$25.00		ot filed by April 1.				AW Walley Comment		
1. Entity I	ID Number	2. Exact name of the Corporation							
0016	80901	M P Andruchow Construction, Inc.							
3 Principal Office Address 1876 New London Turnpike			City West Warw	State arwick RI		Zıp 02893			
4. NAICS Code 6. Brief description of the characte				ter of business of	conducted in Rhode Is	iand	<u> </u>		
236117		To engage in the business of general construction and real estate development							
	of Incorporation E ISLAND	1							
	L officers (names and ac	dresses)			Check t	he box to inc	dicate an attachment 🔲		
President Name Michael P. Andruchow			Vice-Presiden	Vice-President Name None					
Street Address 1876 New London Turnpike			Street Addres	Street Address					
City	West Warwick	State RI	Zip 02893	City		State	Zıp		
Secretary	cretary Name Michael P. Andruchow			Treasurer Nar	Treasurer Name Michael P. Andruchow				
Street Address 1876 New London Turnpike			Street Addres	Street Address 1876 New London Turnpike					
City	West Warwick	State RI	^{Zip} 02893	City	West Warwick	State RI	^{Zip} 02893		
8. List AL	L directors (names and	addresses)			Check	the box to in	dicate an attachment 🔲		
Director N	lame None			· Director Name	e				
Street Add	dress			Street Addres	s				
City		State	Zip	City		State	Zip		
Director N	lame			Director Name			-		
Street Add	dress			Street Addres	s				
City		State	Zip	City		State	Zip		
	s Authorized	}	10. Shares Iss				dicate an attachment PAR VALUE		
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIFS Common				
Changes require an additional filing.					··· ···				
11. This	report must be executed	on behalf of the	e corporation by an a	authorized repre	sentative. If the corpo	ration is in th	ne hands of a receiver or		
trustee t	this report must be execuenalty of perjury, I deci	ited on behalf o	if the corporation by	the receiver or t	rustee.				
stateme	nts, and that all statem	ents contained				T			
Name of Authorized Representative Michael P. Andruchow, President						Date 01/1	4/2019		
	e of Authorized Represer		SIGN DO	CUMENT HERE	FILED	1 /	-1		

MAIL TO:

Division of Business Services

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

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



FORM 630 - Revised: 10/2017

STAMP