



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 \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 125425		2. Exact name of the Corporation East Side Construction, Inc.			
3. Principal Office Address 21 Dexter Road			City East Providence	State RI	Zip 02914
4. Business Phone Number 401-434-6600			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General constuction <b>238110</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 Christopher J. Voll			Vice-President Name Christopher J. Voll		
Street Address 21 Dexter Road			Street Address 21 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Christopher J. Voll			Treasurer Name Christopher J. Voll		
Street Address 21 Dexter Road			Street Address 21 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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. 1000 common no par value Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIALS	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.					
<b>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.</b>					
Name of Authorized Representative Christopher J. Voll, President				Date 1-16-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	

JAN 22 2019

BY 23375 DS

MAIL TO:  
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