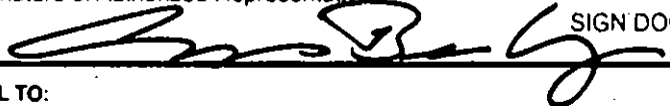




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 1689273		2. Exact name of the Corporation Adams & Beasley, Inc.			
3. Principal Office Address 250 Acton Street		City Carlisle		State MA	Zip 01741
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Construction of residential housing.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Angus R. Beasley			Vice-President Name None		
Street Address 250 Acton Street			Street Address		
City Carlisle	State MA	Zip 01741	City	State	Zip
Secretary Name Eric D. Adams			Treasurer Name Eric D. Adams		
Street Address 250 Acton Street			Street Address 250 Acton Street		
City Carlisle	State MA	Zip 01741	City Carlisle	State MA	Zip 01741
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eric D. Adams			Director Name Angus R. Beasley		
Street Address 250 Acton Street			Street Address 250 Acton Street		
City Carlisle	State MA	Zip 01741	City Carlisle	State MA	Zip 01741
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		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 Angus R. Beasley, President					Date 1/31/19
Signature of Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 06 2019

BY 1938 DS

FORM 630 - Revised: 10/2017