6	State		
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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## FILED

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.

BY	FEB 1 1 2019 C
D1	00

Entity ID Number		e of the Compration	n	<del></del>	_			
158206		2. Exact name of the Corporation  PM Construction Co., Inc.						
	1. 11. 00113				Ictor	17:n		
3. Principal Office Address			City		State	Zip		
19 Industrial Park Road			Saco		ME	04072		
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island						
237990	Constructio	Construction services and related services						
5. State of Incorporation						!		
Maine								
7. List ALL officers (names and	addresses)	· · · · · · · · · · · · · · · · · · ·		Check t	he box to i	ndicate an attachment		
President Name William S. Nason			Vice-Presiden	Vice-President Name George LaPlume Jr.				
Street Address			Street Address	=				
19 Industrial Pai	rk Road			s 19 Industrial Park R				
City Saco	State ME	<sup>Žip</sup> <b>04072</b>	City Saco		State ME	Zip 04072		
Secretary Name Peter Schroeter			Treasurer Name George G. Deely					
Street Address 19 Industrial Park Road		Street Address 19 Industrial Park Road						
City Saco	State ME	<sup>Zip</sup> 04072	City Saco		State ME	Zip 04072		
8. List ALL directors (names an	d addresses)				he box to	ndicate an attachment		
Director Name No directors		_	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	Zıp		
9. Shares Authorized	ı	10. Shares Issued		Check t	Check the box to indicate an attachment			
This information is currently of n	ecord in the	NUMBER OF SHARES		CLASS/SERIES				
Department of State. 150 Changes require an additional filing.		150		Common		No par value		
11. This report must be execute	ed on behalf of the	corporation by an	authorized repres	sentative. If the corpor	ation is in	the hands of a receiver or		
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or to	rustee.				
Under penalty of perjury, I de				ncluding any accom	panying s	chedules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
William S. Nason, President					1.29.19			
Signature of Authorized Repres	entative				_			
		500 ·	e ⊈iorski og F					

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