



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

FILED

FEB 12 2019

BY 6158

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 001666235		2 Exact name of the Corporation Gencon, Inc.			
3 Principal Office Address 323 Manley Street			City West Bridgewater	State MA	Zip 02379
4 NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island General Contractor			
5 State of Incorporation MA					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Gendron			Vice-President Name Robert J. Gendron		
Street Address 323 Manley Street			Street Address 323 Manley Street		
City West Bridgewater	State MA	Zip 02379	City West Bridgewater	State MA	Zip 02379
Secretary Name Robert J. Gendron			Treasurer Name Robert J. Gendron		
Street Address 323 Manley Street			Street Address 323 Manley Street		
City West Bridgewater	State MA	Zip 02379	City West Bridgewater	State MA	Zip 02379
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			10 Shares Issued 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.			NUMBER OF SHARES	CLASS SERIES	PAR VALUE
			1,000	Common	No Par
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 <i>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.</i>					
Name of Authorized Representative Robert J. Gendron				Date 1/22/19	
Signature of Authorized Representative 					

MAIL TO:
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