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	2. Exact name of the Corporation		
000088527	MEEHAN BUILDERS INC		
3. Principal Office Address	City	State	Zip
1 THURBER BLVD STE D	SMITHFIELD	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236110	REAL ESTATE		
5. State of Incorporation			
R.I.			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
MARY LOU FERRI					
Street Address			Street Address		
35 ST JAMES LANE					
City	State	Zip	City	State	Zip
GLOCESTER	RI	02857			
Secretary Name			Treasurer Name		
MARY LOU FERRI			MARY LOU FERRI		
Street Address			Street Address		
35 ST JAMES LANE			35 ST JAMES LANE		
City	State	Zip	City	State	Zip
GLOCESTER	RI	02857	GLOCESTER	RI	02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
MARY LOU FERRI					
Street Address			Street Address		
35 ST JAMES LANE					
City	State	Zip	City	State	Zip
GLOCESTER	RI	02857			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	

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	Date
MARY LOU FERRI	2/12/19

Signature of Authorized Representative: M Mary Lou Ferri

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
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BY 2499

FORM 630 - Revised: 10/2017