RI SOS Filing Number: 201987417340 Date: 2/21/2019 4:00:00 PM

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.

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SECRETARY OF STATE
CORPORATIONS DIV.
2019 FEB 21 PM 2:07

1. Entity ID Number	2. Exact name of the Corporation			
000010115	**Thornley-DeGrasse Rigging Co., Inc.**			
3. Principal Office Address		City	State	Zip
171-176 Dunnell Avenue		**Pawtucket**	**RI**	**02860**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238290	**Dismantling, rigging, erecting and moving machinery and metal products.**			
5. State of Incorporation				
Rhode Island				

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

President Name **Steven S. Thornley**			Vice-President Name **Steven S. Thornley**		
Street Address **27 Superior View Blvd.**			Street Address **27 Superior View Blvd.**		
City **North Providence**	State **RI**	Zip **02911-2927**	City **North Providence**	State **RI**	Zip **02911-2927**
Secretary Name **Steven S. Thornley**			Treasurer Name **Steven S. Thornley**		
Street Address **27 Superior View Blvd.**			Street Address **27 Superior View Blvd.**		
City **North Providence**	State **RI**	Zip **02911-2927**	City **North Providence**	State **RI**	Zip **02911-2927**

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

Director Name **Steven S. Thornley**			Director Name		
Street Address **27 Superior View Blvd.**			Street Address		
City **North Providence**	State **RI**	Zip **02911-2927**	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	**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.

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: **Steven S. Thornley, President** — Date: 2/12/19

Signature of Authorized Representative: Steven S. Thornley Pres. — SIGN DOCUMENT HERE

FILED
FEB 21 2019
BY DYQ04

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

FORM 630 - Revised: 10/2017