



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV
 2019 FEB 21 PM 2:07

1. Entity ID Number 000010115		2. Exact name of the Corporation Thornley-DeGrasse Rigging Co., Inc.			
3. Principal Office Address 171-176 Dunnell Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 238290	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <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
			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 <i>Steven S. Thornley, Pres.</i>					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.n.gov

FILED
 FEB 21 2019
 BY *DY 004*
 2:07
 FORM 630 - Revised: 10/2017