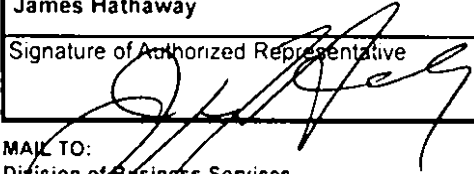




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 001688252		2. Exact name of the Corporation SPECTRUM CORPORATION			
3. Principal Office Address 20 Lincoln Park Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Construction consulting and any other lawful business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Hathaway			Vice-President Name		
Street Address PO Box 8137			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name James Hathaway			Treasurer Name James Hathaway		
Street Address PO Box 8137			Street Address PO Box 8137		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Hathaway			Director Name		
Street Address PO Box 8137			Street Address		
City Cranston	State RI	Zip 02920	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		
			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 James Hathaway					Date 2/12/19
Signature of Authorized Representative  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.ri.gov

FILED

FEB 21 2019

FORM 630 - Revised: 10/2017

BY 28202 DS