



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

RECEIVED
 SECRETARY OF
 STATE
 CORPORATION
 2019 FEB 27 PM 1:55

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 321139		2. Exact name of the Corporation Bowdoin Construction Corp.	
3. Principal Office Address 220-1 Reservoir Street		City Needham Heights	State MA
		Zip 02494	
4. NAICS Code 236220	6. Brief description of the character of business conducted in Rhode Island Construction Management		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Irwin M. Yanowitz		Vice-President Name NONE	
Street Address Two Saint Paul Street, Unit #106		Street Address	
City Brookline	State MA	Zip 02446	
Secretary Name Irwin M. Yanowitz		Treasurer Name Irwin M. Yanowitz	
Street Address Two Saint Paul Street Unit #106		Street Address Two Saint Paul Street Unit #106	
City Brookline	State MA	Zip 02446	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Christopher T. Keeley		Director Name Brian T. Collins	
Street Address 14 James Avenue		Street Address 1361 East Street	
City Needham	State MA	Zip 02494	
Director Name Andrew J. Buckman		Director Name Brendan M. Wall	
Street Address 2 Castle Drive		Street Address 291 Washington St.	
City Sharon	State MA	Zip 02067	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/VALUES 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. 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 <i>Brendan M. Wall</i>		Date 2/27/19	
Signature of Authorized Representative <i>[Signature]</i>		FILED	

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

FEB 27 2019

BY *SPJPF* FORM 630 - Revised: 10/2017
 2:02