



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

Annual Report for the year:  
Corporation

2019

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
STATE  
SECRETARY  
CORPORATION  
2019 FEB 27  
AM 11:56

1. Entity ID Number 000134767		2. Exact name of the Corporation Longley Construction Company, Inc.			
3. Principal Office Address 1279 Stony Lane			City N. Kingstown	State RI	Zip 02852
4. NAICS Code 238910	6. Brief description of the character of business conducted in Rhode Island To perform general groundwork construction and other building and construction services.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Daniel Longley			Vice-President Name Daniel Longley		
Street Address 1279 Stony Lane			Street Address 1279 Stony Lane		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Daniel Longley			Treasurer Name Daniel Longley		
Street Address 1279 Stony Lane			Street Address 1279 Stony Lane		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Daniel Longley			Director Name		
Street Address 1279 Stony Lane			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	without 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 Daniel Longley					Date 1/31/19
Signature of Authorized Representative <i>Daniel Longley, Pres</i>					

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 *9V4VT*  
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FORM 630 - Revised: 10/2017