



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
 CORPORATIONS DIVISION
 2019 MAR -1 AM 8:46

| | | | |
|--|--|---|---------------------------|
| 1. Entity ID Number 132516 | | 2. Exact name of the Corporation Garrity Asphalt Reclaiming, Inc. | |
| 3. Principal Office Address 22 Peters Road | | City Bloomfield | State CT |
| | | Zip 06002 | |
| 4. NAICS Code 237310 | 6. Brief description of the character of business conducted in Rhode Island Paving, Milling, and Reclamation | | |
| 5. State of Incorporation Connecticut | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name William Garrity | | Vice-President Name Steven Garrity | |
| Street Address 22 Peters Road | | Street Address 22 Peters Road | |
| City Bloomfield | State CT | Zip 06002 | City Bloomfield |
| | | | State CT |
| | | | Zip 06002 |
| Secretary Name Susan Monahan | | Treasurer Name Kevin Sheehan | |
| Street Address 22 Peters Road | | Street Address 22 Peters Road | |
| City Bloomfield | State CT | Zip 06002 | City Bloomfield |
| | | | State CT |
| | | | Zip 06002 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name William Garrity | | Director Name Steven Garrity | |
| Street Address 22 Peters Road | | Street Address 22 Peters Road | |
| City Bloomfield | State CT | Zip 06002 | City Bloomfield |
| | | | State CT |
| | | | Zip 06002 |
| Director Name Christopher Garrity | | Director Name | |
| Street Address 22 Peters Road | | Street Address | |
| City Bloomfield | State CT | Zip 06002 | 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 | |
| | | 1,624 | 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. <i>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.</i> | | | |
| Name of Authorized Representative Kevin Sheehan, Treasurer | | | Date 2/21/19 |
| Signature of Authorized Representative | | | |

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
 SIGN DOCUMENT HERE
 MAR 01 2019
 BY 68232
 8:44