



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

FILED

Annual Report for the year: 2019
Corporation

MAR 04 2019
 BY 47577 DS

- 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 99056		2. Exact name of the Corporation BIERMANN SERVICES INC.			
3. Principal Office Address 77 FULLER ROAD			City CHICOPEE	State MA	Zip 01020
4. NAICS Code 44-45 RETAIL TRADE		6. Brief description of the character of business conducted in Rhode Island SALES & SERVICES OF GAS STATION EQUIPMENT			
5. State of Incorporation MA		454390			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANNA M BIERMANN			Vice-President Name WILLIAM DERRICK BIERMANN		
Street Address 39 STONY HILL ROAD			Street Address 56 BAYBERRY ROAD		
City HAMPDEN	State MA	Zip 01036	City HAMPDEN	State MA	Zip 01036
Secretary Name WILLIAM DERRICK BIERMANN			Treasurer Name ANNA M BIERMANN		
Street Address 56 BAYBERRY ROAD			Street Address 39 STONY HILL ROAD		
City HAMPDEN	State MA	Zip 01036	City HAMPDEN	State MA	Zip 01036
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANNA M BIERMANN			Director Name WILLIAM DERRICK BIERMANN		
Street Address 39 STONY HILL ROAD			Street Address 56 BAYBERRY ROAD		
City HAMPDEN	State MA	Zip 01036	City HAMPDEN	State MA	Zip 01036
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		1000		D	
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 ANNA M BIERMANN				Date 02/28/2019	
Signature of Authorized Representative <i>Anna M Biermann</i>			SIGNATURE 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