

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019

MAR 0 8 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.

792611 Flodell Builders, Inc. 3 Principal Office Address 175 West Main Street, Suite 8-3A 4 NAICS Code 5 Beef description of the character of business conducted in Rhode Island Construction, Remodelling and Renovations 5 State of Incorporation MA 7 List ALL officers (names and addresses) Check the box to indicate an attachment President Name Ronald K. Floser, Jr. Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 Street Address Check the box to indicate an attachment Director Name Street Address 14 Coldbrook Road City Millibury State MA Zip 01527 City State Zip Director Name Street Address Street Address Street Address Street Address City State Zip State MA Zip 01527 City State Zip State MA Zip 01527 Street Address Check the box to indicate an attachment Name Street Address City State Zip Street Address Check the box to indicate an attachment Name Street Address Check the box to indicate an attachment Name Street Address Check the box to indicate an attachment Name Street Address Check the box to indicate an attachment Name Street Address Street Address Check the box to indicate an attachment Name Street Address	1 Entity ID Number	12. Exact name	e of the Corporatio	on .				=	
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statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Ronald K. Floser, Jr.

SIGN DOCUMENT HERE

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