



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.

FILED

MAR 08 2019

BY

3032
BOA

1. Entity ID Number 792611		2. Exact name of the Corporation Flodell Builders, Inc.			
3. Principal Office Address 175 West Main Street, Suite 8-3A		City Millbury		State MA	Zip 01527
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction, Remodeling and Renovations			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald K. Floser, Jr.			Vice-President Name Kim M. Floser		
Street Address 14 Coldbrook Road			Street Address 14 Coldbrook Road		
City Millbury	State MA	Zip 01527	City Millbury	State MA	Zip 01527
Secretary Name Ronald K. Floser, Jr.			Treasurer Name Kim M. Floser		
Street Address 14 Coldbrook Road			Street Address 14 Coldbrook Road		
City Millbury	State MA	Zip 01527	City Millbury	State MA	Zip 01527
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald K. Floser, Jr.			Director Name		
Street Address 14 Coldbrook Road			Street Address		
City Millbury	State MA	Zip 01527	City	State	Zip
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.			NUMBER OF SHARES		CLASS/SERIES
			600		common
			PAR VALUE		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 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 Ronald K. Floser, Jr.					Date 3/5/19
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT 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