



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 92095		2. Exact name of the Corporation R.A. McCullough, Inc			
3. Principal office address 120 South Killingly Road			City Foster	State RI	Zip 02825
4. Business Phone No. 401/392-0208			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To construct, build, repair, restore, renovate and otherwise develop real estate. 531110					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald A. McCullough			Vice-President Name None		
Street Address 120 South Killingly Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Helena J. McCullough			Treasurer Name Helena J. McCullough		
Street Address 120 South Killingly Road			Street Address 120 South Killingly Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald A. McCullough			Director Name Helena J. McCullough		
Street Address 120 South Killingly Road			Street Address 120 South Killingly Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			800	common	no par value

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY **FILED**
MAR 11 2019
MA 1800-30
 BY _____

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.

Signature of Authorized Representative **Helena J. McCullough** Date **3/4/19**

Helena J. McCullough, Secretary & Treasurer

Print or Type Name of Authorized Representative