



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 STAMP

MAR 21 2019

9/50-105

| | | | | | |
|--|-------------|---|-------------------------------------|--------------|--------------------|
| 1. Entity ID Number 84123 | | 2. Exact name of the Corporation FENSTER CONSTRUCTION CO., INC. | | | |
| 3. Principal Office Address 120 BAYVIEW AVE. | | City PORTSMOUTH | | State RI | Zip 02871 |
| 4. NAICS Code 238990 | | 6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name GARY FENSTER | | | Vice-President Name GARY FENSTER | | |
| Street Address 120 BAYVIEW AVE. | | | Street Address 120 BAYVIEW AVE. | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| Secretary Name GARY FENSTER | | | Treasurer Name GARY FENSTER | | |
| Street Address 120 BAYVIEW AVE. | | | Street Address 120 BAYVIEW AVE. | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name GARY FENSTER | | | Director Name | | |
| Street Address 120 BAYVIEW AVE. | | | Street Address | | |
| City PORTSMOUTH | State RI | Zip 02871 | 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. | | 10. Shares Issued | | CLASS/SERIES | |
| | | NUMBER OF SHARES | | PAR VALUE | |
| | | 200 | | COMMON | |
| | | | | NO PAR | |
| 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 GARY FENSTER | | | | | Date |
| Signature of Authorized Representative | | | | | 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

FORM 630 - Revised: 10/2017