



RI SOS Filing Number: 201990066740 Date: 4/8/2019 11:44:00 AM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

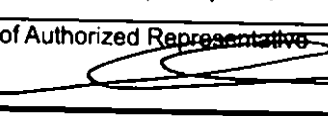
Annual Report for the year: **2018**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 APR -8 AM 11:43

1. Entity ID Number <b>1673799</b>		2. Exact name of the Corporation <b>BAY CRANE SERVICE OF CONNECTICUT, INC.</b>	
3. Principal Office Address <b>11-02 43RD AVENUE</b>		City <b>LONG ISLAND CITY</b>	State <b>NY</b>
		Zip <b>11101</b>	
4. NAICS Code <b>532400</b>	6. Brief description of the character of business conducted in Rhode Island <b>EQUIPMENT RENTALS AND TRANSPORTATION</b>		
5. State of Incorporation <b>CONNECTICUT</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KENNETH BERNARDO</b>		Vice-President Name <b>JOSEPH BERNARDO JR</b>	
Street Address <b>200 EAST 61ST STREET</b>		Street Address <b>49 SAW MILL ROAD</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10021</b>	City <b>COLD SPRING HARBOR</b>
		State <b>NY</b>	Zip <b>11724</b>
Secretary Name <b>RICHARD BERNARDO</b>		Treasurer Name	
Street Address <b>4 DUCHESS COURT</b>		Street Address	
City <b>DIX HILLS</b>	State <b>NY</b>	Zip <b>11746</b>	City
		State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1,000</b>	CLASS/SERIES <b>CNP</b>
		PAR VALUE <b>0.00</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>STUART DOLOBOFF, CFO, CPA</b>		Date <b>4/3/19</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE <b>APR 08 2019</b> <b>BY X.B. 777</b> <b>A.A. 11:44 A.M.</b>	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov