State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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.

1. Entity ID Number	2. Exact name of the Corporation
16733799	**BAY CRANE SERVICE OF CONNECTICUT, INC.**

3. Principal Office Address	City	State	Zip
11-02 43RD AVENUE	**LONG ISLAND CITY**	**NY**	**11101**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
532400	**EQUIPMENT RENTALS AND TRANSPORTATION**
5. State of Incorporation	
CONNECTICUT	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **KENNETH BERNARDO**			Vice-President Name **JOSEPH BERNARDO JR**		
Street Address **200 EAST 61ST STREET**			Street Address **49 SAW MILL ROAD**		
City **NEW YORK**	State **NY**	Zip **10021**	City **COLD SPRING HARBOR**	State **NY**	Zip **11724**
Secretary Name **RICHARD BERNARDO**			Treasurer Name		
Street Address **4 DUCHESS COURT**			Street Address		
City **DIX HILLS**	State **NY**	Zip **11746**	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**1,000**	**CNP**	**0.00**

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	Date
STUART DOLOBOFF, CFO, CPA	**4/3/19**

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
APR 08 2019
BY
A.A. - 11:44 A.M.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov