



RI SOS Filing Number: 201992058950 Date: 5/6/2019 1:05:00 PM

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.

SECRETARY OF STATE
CORPORATE DIVISION
2019 MAY -6 PM 12:57

1. Entity ID Number 000612129		2. Exact name of the Corporation Sullivan Construction, Inc			
3. Principal Office Address 258 South River Road		City Bedford		State NH	Zip 03110
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island We are a general contractor. We work in commercial construction.			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas F. Sullivan			Vice-President Name N/A		
Street Address 39 Pilgrim Drive			Street Address		
City Bedford	State NH	Zip 03110	City	State	Zip
Secretary Name N/A			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES	PAR VALUE 0
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 Thomas F. Sullivan				Date 05/01/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

SIGN DOCUMENT HERE

MAY 06 2019

BY

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FORM 630 - Revised: 10/2017