State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

CORPORATE STREET
2019 MAY -6 PHI 12: 57

Entity ID Number	<ul> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> <li>Entity ID Number</li> <li>2. Exact name of the Corporation</li> </ul>							
000612129	Sullivan (	Sullivan Construction, Inc						
3. Principal Office Address			City		State	Zip		
258 South River Road			Bedford		NH	03110		
4. NAICS Code	6. Brief descr	iption of the chara	cter of business cor	nducted in Rhode Isla	and	· · ·		
236220	We are a ge	We are a general contractor. We work in commercial construction.						
5. State of Incorporation								
NH								
7. List ALL officers (names	and addresses)		<u> </u>	Check th	e box to indi	cate an attachment. D		
President Name Thomas F. :	Vice-President Name N/A							
Street Address 39 Pilgrim Di	Street Address							
City Bedford	State NH	<sup>Zip</sup> 03110	City		State	Zip		
Secretary Name N/A	. <u></u>	<b>I</b>	Treasurer Name					
Street Address			Street Address					
City	State	Zip	City	<del></del> _	State	Zip		
8. List ALL directors (names	s and addresses)			Check th	e box to indi	cate an attachment		
Director Name			Director Name	- · <del>-</del>				
Street Address •			Street Address					
				· · · · · · · · · · · · · · · · · · ·				
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address	- · · · · · · · · · · · · · · · · · · ·				
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Is						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SER(ES		PAR VALUE		
		- 1 二分(4	$\cup$			0		
11. This report must be exe					tion is in the	hands of a receiver o		
rustee, this report must be Under penalty of perjury,					anvina scha	ndules and		
onder penalty of perjury, statements, and that all si				any accomp				
Name of Authorized Repres	-		Date					
Thomas F. Sullivan	<del></del> -	<b>.</b>	05/01/2019					
Signature of Authorized Re	resentative		FILE	)				
		SIGN OC	CUMENT AERE					

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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