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

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

CORPORATION SET SEE	
2019 MAY -6 PM 12	

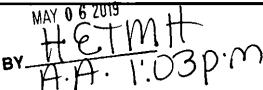
→ Penalty: Additional \$2		, ,	· · · · · · · · · · · · · · · · · · ·		PH 12: 57	· · · · · · · · · · · · · · · · · · ·		
1. Entity ID Number 000612129	P	2. Exact name of the Corporation Sullivan Construction, Inc						
Principal Office Address South River Road			City Bedford		State NH	Zip 03110		
4. NAICS Code2362205. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island We are a general contractor. We work in commercial construction.						
NH								
7. List ALL officers (names and addresses) President Name Thomas F. Sullivan			Check the box to indicate an attachment Vice-President Name N/A					
Street Address 39 Pilgrim Dri	Street Address							
City Bedford	State NH	^{Zip} 03110	City		State	Zip		
Secretary Name N/A			Treasurer Name	Treasurer Name				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)	<u> </u>		Check	the box to indi	cate an attachment		
Director Name	<u> </u>							
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 Is	sued	Check t	the box to indi	cate an attachment		
This information is currently of Department of State.	nis information is currently of record in the NUMBLE C		OF SHARES	CLASS/SFRIES		PAR VALUE		
Changes require an additional	filing.	1						
11. This report must be exect trustee, this report must be e					ration is in the	hands of a receiver or		
Under penalty of perjury, I statements, and that all sta	declare and affirm to	hat I have examir	ed this report, inclu	iding any accom	panying sch	edules and		
Name of Authorized Represe			Date					
Thomas F. Sullivan			05/01/2019					
Signature of Authorized Reg	esentative	SIGN DC	ocu FILED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov



FORM 630 - Revised: 10/2017