State of Rhode Man Filing Number: 201992060520 Date: 5/6/2019 1:01:00 PM

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

GEORETARY OF STATE CORPORATIONS OF STATE

2019 KAY -6 PH 12: 57

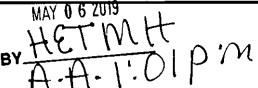
| 1. Entity ID Number | 2. Exact nar | 2. Exact name of the Corporation | | | | | |
|--|--|---|-------------------------|-----------------------------------|--|--|--|
| 000612129 | 4 | Sullivan Construction, Inc | | | | | |
| 3. Principal Office Address | | | City | State | Zip | | |
| 258 South River Road | | | Bedford | NH | 03110 | | |
| 4. NAICS Code | 6. Brief desc | 6. Brief description of the character of business conducted in Rhode Island | | | | | |
| 236220 | We are a g | We are a general contractor. We work in commercial construction. | | | | | |
| 5. State of Incorporation | | | | | | | |
| NH | | | | | | | |
| 7. List ALL officers (names a | nd addresses) | | | Check the box to in | ndicate an attachment | | |
| 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 | Zıp | | |
| Secretary Name N/A | | | Treasurer Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zìp | City | State | Zip | | |
| 8. List ALL directors (names | and addresses) | | | Check the box to it | ndicate 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 | Zıp | | |
| | | | | | | | |
| 9. Shares Authorized | | 10. Shares iss | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER | OF SHARES | CLASS/SERIES | - | | |
| | | 300 |) | | 0 | | |
| . <u>-</u> . | | | | | | | |
| This report must be executive the executive trustee, this report must be executive. | | | | ative. If the corporation is in t | he hands of a receiver or | | |
| | | | | iding any accompanying so | chedules and | | |
| statements, and that all sta | atements contained | | | | | | |
| Name of Authorized Representative | | | | | Date as a second | | |
| Thomas F. Sullivan | | | | 05/01/20 | 13 | | |
| Signature of Authorizad Ren | Sentative | SIGN DO | CUMELLED | | | | |
| | <u>- </u> | | 77AV N & 20119 | | | | |

MAIL TO:

Division of Business Services

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

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



FORM 630 - Revised: 10/2017