



State of Rhode Island and Providence Plantations

## 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.

FILED STAMP

JUN 07 2019

BY

105870 PS

1. Entity ID Number 001 673 147		2. Exact name of the Corporation BEAM & STRUCTURAL REPAIR CO INC.	
3. Principal Office Address 465 N. MAIN ST.		City W. BRIDGEWATER	State MA
		Zip 02379	
4. NAICS Code 238350	6. Brief description of the character of business conducted in Rhode Island STRUCTURAL REPAIR TO RESIDENTIAL HOMES		
5. State of Incorporation MA.			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name WALTER W. MURPHY		Vice-President Name —	
Street Address 465 N. MAIN ST.		Street Address	
City W BRIDGEWATER	State MA	Zip 02379	
Secretary Name —		Treasurer Name —	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name —		Director Name —	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <input checked="" type="checkbox"/> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES ↑	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. <b>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.</b>			
Name of Authorized Representative CHERYL A. MURPHY		Date 6/5/19	
Signature of Authorized Representative <i>Cheryl A. Murphy</i>		SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017