



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUN 17 PM 1:10

1. Entity ID Number 000114531		2. Exact name of the Corporation Thayer Industries, Inc.			
3. Principal Office Address 100 Brook Farm Drive North			City Wakefield	State RI	Zip 02879
4. NAICS Code 238940		6. Brief description of the character of business conducted in Rhode Island Landswcape Construction, Business Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry H. Thayer, IV			Vice-President Name Henry H. Thayer, IV		
Street Address 100 Brook Farm Road North			Street Address 100 Brook Farm Road North		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Paula H. Thayer			Treasurer Name Henry H. Thayer, IV		
Street Address 100 Brook Farm Road North			Street Address 00 Brook Farm Road North		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Audrey Thayer Scott			Director Name		
Street Address Belforest Lane			Street Address		
City Hope Valley	State RI	Zip 02880	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
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 <i>Henry H. Thayer IV</i>				Date 6/17/19	
Signature of Authorized Representative <i>[Handwritten Signature]</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 17 2019
 BY *TRH MV* MID
 FORM 630 - Revised: 10/2017