



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

MAR 01 2019

BY OL# 47577

1. Entity ID Number 99056		2. Exact name of the Corporation BIERMANN SERVICES INC.	
3. Principal Office Address 77 FULLER ROAD		City CHICOPEE	State MA
4. NAICS Code 44-45 RETAIL TRADE		6. Brief description of the character of business conducted in Rhode Island SALES & SERVICES OF GAS STATION EQUIPMENT	
5. State of Incorporation MA		454390	
7. List ALL officers (names and addresses)			
President Name ANNA M BIERMANN		Vice-President Name WILLIAM DERRICK BIERMANN	
Street Address 39 STONY HILL ROAD		Street Address 56 BAYBERRY ROAD	
City HAMPDEN	State MA	City HAMPDEN	State MA
Secretary Name WILLIAM DERRICK BIERMANN		Treasurer Name ANNA M BIERMANN	
Street Address 56 BAYBERRY ROAD		Street Address 39 STONY HILL ROAD	
City HAMPDEN	State MA	City HAMPDEN	State MA
8. List ALL directors (names and addresses)			
Director Name ANNA M BIERMANN		Director Name WILLIAM DERRICK BIERMANN	
Street Address 39 STONY HILL ROAD		Street Address 56 BAYBERRY ROAD	
City HAMPDEN	State MA	City HAMPDEN	State MA
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		Check the box to indicate an attachment: <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	
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 ANNA M BIERMANN		Date 3-28-19	
Signature of Authorized Representative <i>Anna M Biernann</i>			

MAIL TO:
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