



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 27 PM 2:17

1. Entity ID Number 480237		2. Exact name of the Corporation Finnegan Contracting, Inc.	
3. Principal Office Address 19 Weaver Avenue		City Newport	State RI
		Zip 02840	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Construction Contracting Title 7.1.2-1701		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Hugh D. Finnegan, Jr.		Vice-President Name	
Street Address 19 Weaver Avenue		Street Address 7	
City Newport	State RI	City	State
	Zip 02840		Zip
Secretary Name Hugh D. Finnegan, Jr.		Treasurer Name Hugh D. Finnegan, Jr.	
Street Address 19 Weaver Avenue		Street Address 19 Weaver Avenue	
City Newport	State RI	City Newport	State RI
	Zip 02840		Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Hugh D. Finnegan, Jr.		Director Name	
Street Address 19 Weaver Avenue		Street Address	
City Newport	State RI	City	State
	Zip 02840		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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	
		1,000.00	CNP
			\$0.00
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 Hugh D. Finnegan Jr.		Date 6/23/19	
Signature of Authorized Representative <i>[Signature]</i>			

FILED

AUG 13 2019

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