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
CORPORATION'S DIV
2019 JUN 27 PM 2:17

1. Entity ID Number	2. Exact name of the Corporation		
48232	Finnegan Contracting, Inc.		
3. Principal Office Address	City	State	Zip
19 Weaver Avenue	Newport	RI	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 ☐

President Name: Hugh D. Finnegan, Jr.			Vice-President Name		
Street Address: 19 Weaver Avenue			Street Address		
City: Newport	State: RI	Zip: 02840	City	State	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	Zip: 02840	City: Newport	State: RI	Zip: 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Hugh D. Finnegan, Jr.			Director Name		
Street Address: 19 Weaver Avenue			Street Address		
City: Newport	State: RI	Zip: 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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

FILED
AUG 13 2019

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R.I. DEPT. OF STATE
BUSINESS SERVICES DIV.

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