RI SOS Filing Number: 201930616240 Date: 12/23/2019 4:00:00 PM

Department of State - Business Services  Annual Report for the year: 2020  Corporation  → Filing period: January 1 - March 1				FILEDSTAMP			
				- DEC <b>2</b>			
<ul> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$2</li> </ul>		ot filed by April 1.			BY	395 D	
1. Entity ID Number 55216		ne of the Corporation					
<ol> <li>Principal Office Address</li> <li>Narragansett Parkway</li> </ol>					State RI	Zip 02886	
4. NAICS Code 237990	6. Brief desci General Co	Brief description of the character of business conducted in Rhode Island     General Construction					
State of Incorporation     Rhode Island							
7. List ALL officers (names a President Name			1, 6	Ch	eck the box to ind	licate an attachment	
Ronald Four	Vice-President Name						
Streel Address 671 Narragansett Parkway			Street Address				
City Warwick	State RI	Zip 02886	City	<u></u>	State	Zîp	
Secretary Name Ronald Fournier			Treasurer Name Ronald Fournier				
Street Address 671 Narragans	sett Parkway		Street Addre	ss 671 Narraganse	ett Parkway		
City Warwick	State RI	Zip 02886	City Warwick		State RI	Zip 02886	
8. List ALL directors (names Director Name	and addresses)				eck the box to ind	icate an attachment [	
Ronald Fourni	er		Director Nan	ne			
Street Address 671 Narragans	sett Parkway		Street Addre	ss	- <u>,</u>		
City Warwick	State RI	<sup>Ζιρ</sup> 02886	City		State	Zip	
Director Name			Director Name				
Street Address	<u>-</u>		Street Addre	ss			
City	State	Zip	City		State	Zip	
9. Shares Authorized	4	10. Shares Iss		Che	eck the box to ind	icate an attachment	
his Information is currently of record in the Department of State.		NUMBER OF	<u>F</u> SHARES	STK		PAR VALUE \$1.00	
Changes require an additional	filing.	<del></del> -	<del>-</del>				
11. This report must be executrustee, this report must be e	uted on behalf of the	corporation by an a	authorized repre	sentative. If the co	prporation is in the	hands of a receiver or	
Under penalty of perjury, I statements, and that all sta	declare and affirm t	hat I have examin	ed this report,	including any acc	companying sch	edules and	
Name of Authorized Represe	OUT BUL.	<del></del>	Date				
Ronald Fournier			12/19/19				
Signature of Authorized Repr	esentative		- <del> </del>				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov