RI SOS Filing Number: 202032119150 Date: 1/13/2020 12:58:00 PM

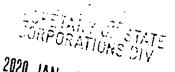
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



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→ Penalty: Additional \$25.	00 fee if form is no	t filed by April 1.	-424 JAN -	6 PM 2: 19	2020 J	AN 13 PH 12:56	
1. Entity ID Number 000117170	2. Exact name of the Corporation  Associated Building Wreckers, Inc.						
3. Principal Office Address 352 Albany Street			City Springfield		State MA	Zip <b>01</b> 105	
4. NAICS Code 238910	6. Brief description of the character of business conducted in Rhode Island  TO CONDUCT AND CARRY ON THE BUSINESS OF BUILDERS AND CONTRACTORS FOR THE						
5. State of Incorporation  MA	PURPOSE C	PURPOSE OF BUILDING, ERECTING, ALTERING AND REPAIRING ALL CLASSES OF BUILDINGS AND IMPROVEMENTS					
7. List ALL officers (names and President Name ANDREW MIR	Check the box to indicate an attachment  Vice-President Name ZANE MIRKIN						
Street Address 352 ALBANY S	Street Address 347 ARDSLEY RD						
City SPRINGFIELD	State MA	<sup>Zip</sup> 01105	City LONGMEADOW		State MA Zip 01106		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
List ALL directors (names a Director Name     Street Address	Check the box to indicate an attachment ☐  Director Name  Street Address						
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
9. Shares Authorized							
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIE:	SSS/SERIES PAR VALUE  0.00		
Changes require an additional f	īling.					****	
11. This report must be execu trustee, this report must be ex					pration is in the	e hands of a receiver or	
Under penalty of perjury, I d statements, and that all stat	leclare and affirm t	hat I have exami	ned this report, incl	uding any accor	npanying sch	edules and	
Name of Authorized Represer		Date		<del></del>			
ANDREW MIRKIN		1/2/20					
Signature of Authorized Repre	esentative	SIGN DO	DOUMENT HERE	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

JAN 13 2020 12:58 KL QGIKX

FORM 630 - Revised: 10/2017