



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.

SECRETARY OF STATE
CORPORATIONS DIV

2020 JAN -6 PM 2:19

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BUS SVCS DIV

2020 JAN 13 - PM 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 01105
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 PURPOSE OF BUILDING, ERECTING, ALTERING AND REPAIRING ALL CLASSES OF BUILDINGS AND IMPROVEMENTS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDREW MIRKIN			Vice-President Name ZANE MIRKIN		
Street Address 352 ALBANY ST			Street Address 347 ARDSLEY RD		
City SPRINGFIELD	State MA	Zip 01105	City LONGMEADOW	State MA	Zip 01106
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		PAR VALUE
			1020		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 ANDREW MIRKIN				Date 1/2/20	
Signature of Authorized Representative 				SIGN DOCUMENT IN P- 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

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FORM 630 - Revised: 10/2017