RI SOS Filing Number: 202033166810 Date: 1/23/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
10063	ARMAND R. SEELENBRANDT + SONS INC.			
3. Principal Office Address		City	State	Zip
445 CARPENTER ROAD		HOPE	RI	02831-1613
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	CONSTRUCTION BUSINESS			
5. State of Incorporation				
RHODE ISLAND				

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

President Name	Street Address	City	State	Zip
ROY SEELENBRANDT	514 TEN ROD ROAD	NORTH KINGSTOWN	RI	02852-4220

Vice-President Name	Street Address	City	State	Zip
ROY SEELENBRANDT	514 TEN ROD ROAD	NORTH KINGSTOWN	RI	02852-4220

Secretary Name	Street Address	City	State	Zip
ROY SEELENBRANDT	514 TEN ROD ROAD	NORTH KINGSTOWN	RI	02852-4220

Treasurer Name	Street Address	City	State	Zip
ROY SEELENBRANDT	514 TEN ROD ROAD	NORTH KINGSTOWN	RI	02852-4220

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

Director Name	Street Address	City	State	Zip
ROY SEELENBRANDT	514 TEN ROD ROAD	NORTH KINGSTOWN	RI	02852-4220

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State. $8000

Changes require an additional filing.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$1.00

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	Date
ROY SEELENBRANDT	JANUARY 12, 2020

Signature of Authorized Representative: Roy Seelenbrandt — PRESIDENT

FILED

JAN 23 2020

BY 1174 KM

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