



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.

 RECEIVED  
 SECRETARY OF STATE  
 CORPORATION DIVISION

2020 JAN 30 PM 2:27

1. Entity ID Number <b>000080297</b>		2. Exact name of the Corporation <b>Falcon Boiler &amp; Hydraulic Services, Inc.</b>			
3. Principal Office Address <b>2 Williams Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>811310</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in industrial and hydraulic boiler repair</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Russell M. Barrie</b>			Vice-President Name <b>David Radick</b>		
Street Address <b>173 Ferncrest Avenue</b>			Street Address <b>187 Old Mountain Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
Secretary Name <b>Russell M. Barrie</b>			Treasurer Name <b>David Radick</b>		
Street Address <b>173 Ferncrest Avenue</b>			Street Address <b>187 Old Mountain Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SES		
			PAR VALUF		
			Common		
			No Par		
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 <b>Russell M. Barrie</b>					Date <b>1-15-20</b>
Signature of Authorized Representative <i>Russell M. Barrie</i>					

## MAIL TO:

 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

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FORM 630 - Revised: 10/2017

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