



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.

FILED STATE

FEB 03 2020

BY

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| | | | | | |
|--|-------------|--|---|-------------|--------------------|
| 1. Entity ID Number 1659849 | | 2. Exact name of the Corporation CAM CONSTRUCTION CO., INC. | | | |
| 3. Principal Office Address 108 W. TIMONIUM ROAD | | | City TIMONIUM | State MD | Zip 21093 |
| 4. NAICS Code 236115 | | 6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND BUILDING | | | |
| 5. State of Incorporation MD | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name NONE | | | Vice-President Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name NONE | | | Treasurer Name NONE | | |
| 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 MICHAEL MARC MUNAFO | | | Director Name JOHN T. SPEIGHTS | | |
| Street Address 13007 JEROME JAY DR. | | | Street Address 25 BERKSHIRE DRIVE | | |
| City COCKEYSVILLE | State MD | Zip 21030 | City SHREWSBURY | State PA | Zip 17361 |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 237,4 | | A |
| | | | PAR VALUE | | \$25,273/S HR |
| 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 MICHAEL MARC MUNAFO | | | | | Date 1/16/20 |
| Signature of Authorized Representative <i>M. Marc Munaf</i> | | | | | SIGN DOCUMENT HERE |

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