



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

FEB 10 2020

BY 110820

1. Entity ID Number 71171		2. Exact name of the Corporation T.GALLIGAN CONTRACTING, INC.			
3. Principal Office Address 55 Conduit St unit 2D		City Central Falls		State RI	Zip 02863
4. NAICS Code 238310	6. Brief description of the character of business conducted in Rhode Island Industrial and Commercial Contracting Services				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas J. Desmarais			Vice-President Name Douglas J. Desmarais		
Street Address 55 Conduit St Unit 2D			Street Address 55 Conduit St unit 2D		
City Central Falls	State RI	Zip 02863	City 55 Conduit St unit 2D	State RI	Zip 02863
Secretary Name Douglas J. Desmarais			Treasurer Name Douglas J. Desmarais		
Street Address 55 Conduit St unit 2D			Street Address 55 Conduit St unit 2D		
City Central falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Douglas J. Desmarais			Director Name		
Street Address 55 Conduit St Unit 2D			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	no par value	
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 Douglas J Desmarais				Date 2/1/20	
Signature of Authorized Representative <i>Douglas J Desmarais</i>					

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017