



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
 R.I. DEPARTMENT OF STATE
 STAMP
 2020 FEB 11 PM 2:24

1. Entity ID Number 000004346		2. Exact name of the Corporation FRANK E. CLYNES, INC.			
3. Principal Office Address PO Box 255			City Manville	State RI	Zip 02838
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Asphalt paving contractor			
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 Frank E. Clynes			Vice-President Name Cheryl A. Turbitt		
Street Address 7 Joyce Ann Drive			Street Address 7 Joyce Ann Drive		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Judith R. Clynes			Treasurer Name Frank E. Clynes		
Street Address 7 Joyce Ann Drive			Street Address 7 Joyce Ann Drive		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Judith R. Clynes			Director Name Cheryl A. Turbitt		
Street Address 7 Joyce Ann Drive			Street Address 4 Pasadena Drive		
City Manville	State RI	Zip 02838	City Johnston	State RI	Zip 02919
Director Name Frank E. Clynes			Director Name		
Street Address 7 Joyce Ann Dr.			Street Address		
City Manville	State RI	Zip 02838	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		CLASS/SERIES	PAR VALUE
		100		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 Judith R. Clynes					Date 12-28-19
Signature of Authorized Representative <i>Judith Clynes</i> SIGN DOCUMENT HERE 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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BY *[Signature]* 3578