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State of Rhode Island and Providence Plantations Department of State - Business Services Division

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ANNUAL REPORT FOR THE YEAR _____ 2020_ Corporation

Filing Period: January 1 - March 1
Filing Fee: \$50.00

| 32 Mill Street Assonet Asson | I. Corporate ID No. 825625 | | ^{poration} Systems, Inc. | | | | |
|--|---|---------------------------|--------------------------------------|---------------------|---------------------------------------|------------------------------|--|
| Massachusetts ### About Procession of the Character of Business Conduced in Rhode Island ### Commercial and industrial piping contractor ### Commercial and industrial piping contractor ### Treatment Name ### Pauline L. Lally ### Pauline L. Lally ### Assonet | 3. Street Address Principal Business Office | | | 1 7 | | | |
| Commercial and industrial piping contractor 2. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Fill. In SPACES BEFORE USING ATTACHMENTS Provident Name Pauline L. Lally Street Address 32 Mill Street City | 1. NAICS CODE | | | | | | |
| President Name Pauline L. Lally Michael Moreira Street Address 32 Mill Street City Assonet MA 02702 Assonet MA 027 | | | | | | | |
| Size Address Size | President Name | RESSES OF THE OFF | ICERS: ("X" BOX FOR ATTA | Vice President Name | L IN SPACES BEFORE | USING ATTACHMENTS | |
| Assonet MA 02702 Assonet MA 02702 Serviciary Nome William Paul Street Address 32 Mill Street City Assonet MA 02702 Assonet MA 02702 R. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Pauline L. Lally Street Address 32 Mill Street City Assonet Pierrette A. Lemieux Street Address 32 Mill Street City Assonet MA 02702 Assonet MA 02702 Assonet MA 02702 Assonet MA 02702 Assonet MA 02702 Assonet MA 02702 Director Name William Paul Street Address 32 Mill Street City Assonet MA 02702 Assonet MA 02702 Director Name William Paul Street Address 32 Mill Street City Assonet MA 02702 Director Name William Paul This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. 1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, this report must be executed on behalf of the corporation by the receiver or trustee. Let Pepting Name and Statements, and that all statements rained herein are true and correct. Assonet Malliam Paul Manuel Malliam Paul Name of State Statements and statements, and that all statements rained herein are true and correct. Assonet Malliam Paul Name of State Statements and statements, and that all statements rained herein are true and correct. Assonet Malliam Paul Daic Daic Builtonet Malliam Paul Name of State Address Daic D | Street Address 32 Mill Street | | | Street Address | | | |
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| ASSONET MA 02702 ASSONET MA 02702 ASSONET MA 02702 ASSONET Director Name Pauline L. Lally Street Address 32 Mill Street City ASSONET MA 02702 ASSONET City ASSONET MA 02702 ASSONET Director Name William Paul Street Address 32 Mill Street City ASSONET MA 02702 ASSONET Director Name William Paul Street Address 32 Mill Street City ASSONET MA 02702 ASSONET MA 02702 P. State City State City State City State City State City State MA 02702 P. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ISSURD SHARES - THIS SECTION MUSL BE COMPLETED This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, this report must be executed on behalf of the corporation by the receiver or trustee. Active penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements than a firm that I have examined this report, including any accompanying schedules and statements, and that all statements and different are true and correct. Active penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements and different are true and correct. Active Part Miles Name Director Name MA 02702 Assonet Director Name Name Street Address St | Street Address 32 Mill Street | | | | | | |
| Pauline L. Lally Pierrette A. Lemieux | City Assonet | | | | | | |
| 32 Mill Street City Assonet MA 02702 Assonet MA 02702 Assonet MA 02702 Director Name William Paul Street Address 32 Mill Street City Assonet Street Address 32 Mill Street City Assonet Street Address 32 Mill Street City Assonet MA 02702 City State Zip Assonet 9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) 15SUED SHARES : THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, this report must be executed on behalf of the corporation by the receiver or trustee. Let penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements tained herein are true and correct. Date Date Assonet OTHER ADDRESS STATE AND STATE BOX FOR ATTACHMENT AND STATE AND STATE AND STATE AND STATE AN | Director Name | RESSES OF THE DIR | ECTORS: ("X" BOX FOR AT | Director Name | | E USING ATTACHMENT | |
| Assonet MA 02702 Assonet MA 02702 Director Name Director Name | Street Address 32 Mill Street | | | • | | | |
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| Assonet State Sta | | | | Director Name | | | |
| Assonet 9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) | | | | Street Address | | | |
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| Bulling Lally, Pres 2-6-20 Bate Bate | ier penalty of perjury, I d | leclare and affirm that l | , | | | nts, and that all statements | |
| auline L. Lally | ained herein are true ai | nd correct. L'Hillex | res | | 2-6-20 | | |
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| | auline L. Lally | | | | | | |
| | resident | | | | | | |

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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