RI SOS Filing Number: 202035905390 Date: 3/5/2020 9:56:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2020 MAR -5 A 9: 43

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penany: Additional \$25.00 t	ee ii form is not	nied by April 1.				
. Entity ID Number	2. Exact name of the Corporation					
000122138	Poland	Construct	tion I	nc.		
. Principal Office Address					State	Zip
60 Elder berry L	ane	l	Tive1+	201	RI	02878
. NAICS Code	6. Brief descrip	otion of the character	of business cond	ducted in Rhode Isla	nd I	Carculoution.
236115	6. Brief description of the character of business conducted in Rhode Island To Engage in the business of performing residential construction.					
. State of Incorporation	1 '	•				·
Rhode Island	1					
. List ALL officers (names and ac	(dresses)				e box to indicate	e an attachment 🔲
resident Name Roderick Poland			Vice-President Name Bethany Poland			
treet Address Lane			Street Address Elderberry Lane			
Tivelton	State RI	Zip 02878	City Tive/+	m	State RI	Zip 02878
secretary Name thany Poland			Treasurer Name Roderick Poland			
Street Address Elder berry Lane			Street Address 60 Elderberry Lane			
city Tives ton	State RT	Zip 0.2878	City Tive	···	State RI	Zip 02878
8. List ALL directors (names and		0 20 8	11***		<u> 1 </u>	te an attachment
Director Name			Director Name			
Street Address			Street Address	-	· 	
				 		
City	State	Zip	City		State	Zip
Director Name	Director Name					
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	10. Shares Issu					
This information is currently of record in the Department of State.		NUMBER OF			PAR VALUE	
		8,000.	00	Stk	4	0.0000
Changes require an additional fili	ng.					
11. This report must be execute					oration is in the	hands of a receiver o
trustee, this report must be exe	cuted on behalf o	f the corporation by	the receiver or tr	ustee.		dulas mad
Under penalty of perjury, I de statements, and that all state.				eny accor	openymy sch	
Name of Authorized Represents Roderick			Date	3/5/20		
Signature of Authorized Repres	Bland entative		2 to the contract of the	FILED		
-						
MAIL TO:			M.	AK U 5 ZUZU	9:56	-
Division of Business Services	hada laland 03.004	7516		rass	9.50	
148 W. River Street, Providence, RI Phone: (401) 222-3040	WIE ISMIND UZSU4-	-2013	BYX	· / [1]		

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017