

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

→ Penalty: Additional \$25.00 fe	se if form is not fil	ed by April 1.		•			
. Entity ID Number	2. Exact name of						
000122138	Poland	Construct	ion In	<i>(</i> .			
. Principal Office Address					State	Zip	
60 Elder berry La	ane		City Tivelto		RT	02878	
NAICS Code	6. Brief description	on of the character Kin the bu	of business conduc	ted in Rhode Isla	ınd , , , ,	مناء ماء	
236115	To Enga	k in the bu	isiness of	pertorning	sosidential	(Wedinetiens	
. State of Incorporation	1 '	,					
Rhode Island	}						
. List ALL officers (names and ad	dresses)				e box to indicate	an attachment	
esident Name Roderick Poland			Vice-President Name Bethany Poland				
	ane		Street Address Ela	luberry L	anc		
Tivelton	State RI	Zip 02878	City Tiveltor		State RI	Zip 02878	
Secretary Name thany Poland			Treasurer Name Roderick Poland				
Street Address Elder berry Lane			Street Address 60 Elderberry Lane				
cityTiveston	State RT	Zip 02878	City Tivit	57\ 	State & I	Zip 02878	
8. List ALL directors (names and a	ddresses)		<u> </u>	Check t	he box to indica	te an attachment	
Director Name			Director Name				
Street Address		<u> </u>	Street Address	<u>.</u>			
Спу	State	Zip	City		State	Zip	
Director Name		1	Oirector Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu	ed	Check	the box to indica	ate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF			s	PAR VALUE	
		8,000.	00	StK	4	0.0000	
				1,6		- 4	
11. This report must be executed	i on behalf of the o	corporation by an a	uthorized represent	tative. If the corpo	oration is in the	hands of a receive	
trustee, this report must be exec	uted on behalf of t	he corporation by t	he <u>receiver or trust</u>	ee ,			
Under penalty of perjuny, I dec statements, and that all states				uding any accoi	mpanying sche	guies an d	
Name of Authorized Representa					Date A	1	
Roderick	Bland				45	3/5/20	
Signature of Authorized Represe	entative		<u> </u>	ILED			
		- 120035					
MAIL TO:			MAR	Ú 5 2020	01.01.	-	
Division of Business Services			A	709FS	9:56		
. 148 W. River Street, Providence, Rh Phone: (401) 222-3040	ode Island 02904-26	515	BY	V-167	<u></u> -		

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

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