

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionAnnual 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**

MAR 05 2020

2554

1. Entity ID Number <b>000088527</b>		2. Exact name of the Corporation <b>MEEHAN BUILDERS INC</b>			
3. Principal Office Address <b>1 THURBER BLVD STE D</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>236110</b>		6. Brief description of the character of business conducted in Rhode Island <b>HOUSES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARY LOU FERRI</b>			Vice-President Name		
Street Address <b>35 ST JAMES PLACE</b>			Street Address		
City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>MARY LOU FERRI</b>			Treasurer Name <b>MARY LOU FERRI</b>		
Street Address <b>35 ST JAMES PLACE</b>			Street Address <b>35 ST JAMES PLACE</b>		
City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name <b>MARY LOU FERRI</b>		
Street Address			Street Address <b>35 ST JAMES PLACE</b>		
City	State	Zip	City <b>NO SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <b>MARY LOU FERRI</b>					Date <b>3/1/2020</b>
Signature of Authorized Representative <i>Mary Lou Ferri</i>					

MAIL TO:  
 Division of Business Services  
 148 Waver Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov