

RI SOS Filing Number: 202044677600 Date: 7/13/2020 4:00:00 PM

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

Annual Report for the year: Corporation

2020

- → Filing period January 1 March 1
- → Filing Fee. \$50 00
- → Penalty Additional \$25 00 fee if form is not filed by April 1

\$15

FILED

JUL 1 3 2020

BY 1210

						_		$-\mathcal{X}$		
1 Entity ID Number	Exact name of the Corporation									
001691448	PION BROS. CORP.									
Principal Office Address						T	State	Zıp		
P.O. BOX 2388	2388				PAWTUCKET				2861	
4. NAICS Code	6 Brief description	on o	f the character of busin		PAWTUCKET RI 02861					
236110										
5 State of Incorporation										
RI	CONSTRUC	T T	ON							
7 List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name				Vice-President Name						
Street Address				Street Address						
City	City State			City	State		Zip			
J,	State Z _I p		,	City		State		l Zip		
Secretary Name				Treasurer Name						
Street Address				Street Address						
City	State Zip			City		State		Zip		
8. List ALL directors (names and		Check the box to indicate an attachment								
Director Name				Director Name						
Street Address				Street Address						
City	State	Zıp)	City		State		Zip		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zıp)	City		State		Zıp		
9 Shares Authorized	1	10 Shares Issue			Check the box to indicate an attachment					
This information is currently of record in the NUMBER OF SI										
Department of State.			8000		0170000.111	- CLX33/GERIES		PAN VALUE		
Changes require an additional filing.										
11. This report must be executed of		pora	tion by an authorized re	epresentative	If the corporation is in	the hands of	of a rec	eiver or		
trustee, this report must be execut					,					
Under penalty of perjury, I d statements and that all state	leclare and affiri	m ti	hat I have examine	d this repo	rt, including any ac	company	ing sc	hedule	es and	
Name of Authorized Regress rative										
Signature of Authorized Represent	tative				<u> </u>		4	[d() _		
EDWARD PION										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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