



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2020 OCT 14 PM 1:21

1. Entity ID Number 000124812		2. Exact name of the Corporation Spalj Construction Company			
3. Principal Office Address 11780 U.S. Highway 1 Suite 600			City Palm Beach Gardens	State FL	Zip 33408
4. NAICS Code 237101		6. Brief description of the character of business conducted in Rhode Island Electrical Contracting Services for Telecommunications Industry			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Ryan F. Urness			Treasurer Name H. Andrew DeFerrari		
Street Address 11780 U.S. Hwy 1 Suite 600			Street Address 11780 U.S. Hwy 1 Suite 600		
City Palm Beach Gardens	State FL	Zip 33408	City Palm Beach Gardens	State FL	Zip 33408
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Steven Nielsen			Director Name H. Andrew DeFerrari		
Street Address 11780 U.S. Hwy 1 Suite 600			Street Address 11780 U.S. Hwy 1 Suite 600		
City Palm Beach Gardens	State FL	Zip 33408	City Palm Beach Gardens	State FL	Zip 33408
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000.00	CWP	\$0.0100	
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.					
<b>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.</b>					
Name of Authorized Representative Ryan F. Urness					Date 08/27/2020
Signature of Authorized Representative 					

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

FILED  
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 NO 9A9  
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