



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2021

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

JAN 15 2021

BY 11820

1. Entity ID Number <u>0000/0063</u>		2. Exact name of the Corporation <u>ARMAND R. SEELENBRANDT + SONS INC.</u>	
3. Principal Office Address <u>445 CARPENTER ROAD</u>		City <u>HOPE</u>	State <u>RI</u>
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION BUSINESS</u>	
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>ROY SEELENBRANDT</u>		Vice-President Name <u>ROY SEELENBRANDT</u>	
Street Address <u>514 TEN ROD ROAD</u>		Street Address <u>514 TEN ROD ROAD</u>	
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
Secretary Name <u>ROY SEELENBRANDT</u>		Treasurer Name <u>ROY SEELENBRANDT</u>	
Street Address <u>514 TEN ROD ROAD</u>		Street Address <u>514 TEN ROD ROAD</u>	
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>ROY SEELENBRANDT</u>		Director Name <u>NONE</u>	
Street Address <u>514 TEN ROD ROAD</u>		Street Address <u>NONE</u>	
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	City <u>NONE</u>	State <u>NONE</u>
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
9. Shares Authorized This information is currently of record in the Department of State. <u>8000</u> Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>
			PAR VALUE <u>\$1.00</u>
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 <u>ROY SEELENBRANDT</u>		Date <u>JANUARY 6, 2021</u>	
Signature of Authorized Representative <u>Roy Seelenbrandt</u>		<u>PRESIDENT</u>	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017