



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

FILED

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.

JAN 20 2021
 BY 42818 OS

1. Entity ID Number 19473		2. Exact name of the Corporation E. F. O'DONNELL & SONS CO.			
3. Principal Office Address 75 Dike Street		City Providence		State RI	Zip 02909
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island General painting, refinishing and decorating work of all kinds			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert E. O'Donnell			Vice-President Name Judith K. O'Donnell		
Street Address 75 Dike Street			Street Address 75 Dike Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Judith K. O'Donnell			Treasurer Name Robert E. O'Donnell		
Street Address 75 Dike Street			Street Address 75 Dike Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		3 3/4		Common	No Par
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. <i>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.</i>					
Name of Authorized Representative Robert E. O'Donnell					Date 1-13-21
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