RI SOS Filing Number: 202190145530 Date: 2/4/2021 4:00:00 PM

State of Rhode Island

# 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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 13093 | THE GRINNELL-PHILLIPS CORPORATION |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 3694 South County Trail | Charlestown | RI | 02813 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 236115 | To engage in construction and installation of pilings and all other construction. |
| 5. State of Incorporation: RI | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Lynn G. Sweet | | | Vice-President Name | | |
| Street Address: 3694 South County Trail | | | Street Address | | |
| City: Charlestown | State: RI | Zip: 02813 | City | State | Zip |
| Secretary Name: Lynn G. Sweet | | | Treasurer Name: Lynn G. Sweet | | |
| Street Address: same as above | | | Street Address: same as above | | |
| City | State | Zip | City | State | Zip |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Lynn G. Sweet | | | Director Name | | |
| Street Address: same as above | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 200 | Common | 0 |
| | | | |

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 | Date |
|---|---|
| Lynn G. Sweet | 1/24/2021 |

Signature of Authorized Representative: Lynn G. Sweet

FILED KM
FEB 04 2021
BY 2431

**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: 08/2020