

State of Rhode Island
Department of State - Business Services Division

F-110

FEB 19 2021

E-140-DS

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 8926		2. Exact name of the Corporation JOHN J. MCHALE & SONS, INC.			
3. Principal Office Address 121 BACON ST. P.O. BOX 2190			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
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 ERIN A. MCHALE			Vice-President Name ROSE P. MCHALE		
Street Address 121 BACON ST. P.O. BOX 2190			Street Address 121 BACON ST. P.O. BOX 2190		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name ERIN A. MCHALE			Treasurer Name ROSE P. MCHALE		
Street Address 121 BACON ST. P.O. BOX 2190			Street Address 121 BACON ST. P.O. BOX 2190		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			2990		COMMON
			PAR VALUE		NO PAR VALUE
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 ROSE P. MCHALE				Date 2-12-2021	
Signature of Authorized Representative <i>Rose P. McHale</i>					