RI SOS Filing Number: 202195132210 Date: 3/30/2021 12:46:00 PM State of Rhode Island Department of State - Business Services Division R.I. DEPT. OF STATE
SUS SYCS DIV Annual Report for the year: 2021 Corporation → Filing period: January 1 - March 1 2021 MAR 30 PM 12: 44 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 2. Exact name of the Corporation 1. Entity ID Number Carl's Crane Service, Inc 10448 3. Principal Office Address State Zip City 02860 RI Pawtucket 25 Willow Ave 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code Crane Service 532412 5. State of Incorporation Check the box to indicate an attachment 7. List ALL officers (names and addresses) Vice-President Name None President Name Carl Hammerle Street Address 1739 Lake Heron Dr Street Address Zip City Lutz State RI State Zip 33549 City Secretary Name None Treasurer Name None Street Address Street Address State Zip Zip City State City

Director Name None

Street Address

Director Name

Street Address

City

Signature of Authorized Representative HAMMERIC MAIL TO:

Division of Business Services

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

8. List ALL directors (names and addresses)

This information is currently of record in the

Changes require an additional filing.

Name of Authorized Representative

State

State

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

statements, and that all statements contained herein are true and correct.

Zip

Zip

0

Shares Issued

NUMBER OF SHARES

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

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

None

Director Name

Street Address

Director Name

Street Address

9. Shares Authorized

Department of State.

City

City

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 630 - Revised: 08/2020

Check the box to indicate an attachment

Check the box to indicate an attachment □

Zip

Zip

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PAR VALUE

State

State

CLASS/SERIES