RI SOS Filing Number: 202101896500			Date: 9/21/2021 12:20:00 PM			
State of Rhode Island						
Department of S	State - Busine	ss Services D	ivision			
Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			_	R.I. DEPT. OF	LED .	
			RIODERTOF STATE 2021 SEP 10 PM 3: 15			
						•
1. Entity ID Number 639997		Ellis Contracting Inc				
3. Principal Office Address			City	State	Zip	
47 Flag Swamp Rd.			East Freetown	MA	02717	
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island				
236118	Residential	Residential Remodeler - Inactive				
5. State of Incorporation						
MA				:		
7. List ALL officers (names and President Name	addresses)		Vice-President Name	Check the box to indicate	ate an attachment	
Keith Ellis			Lynn Ellis			
Street Address 47 Flag Swamp Rd			Street Address 47 Flag Swamp Rd			
City E. Freetown	State MA	^{Zip} 02717	City E. Freetown	State MA	^{Zip} 02717	
Secretary Name Keith Ellis			Treasurer Name Lynn Ellis			
Street Address 47 Flag Swamp Rd			Street Address 47 Flag Swamp Rd			
City E. Freetown	State MA	^{Zip} 02717	City E. Freetown	State MA	^{Zip} 02717	
8. List ALL directors (names and	d addresses)		(Check the box to indic	ate an attachment 🔲	
Director Name Keith Ellis			Director Name Lynn Ellis			
Street Address 47 Flag Swamp Rd			Street Address 47 Flag Swamp Rd			
City E. Freetown	State MA	^{Zip} 02717	City E. Freetown	State MA	200-02717	
Director Name			Director Name		ED ST	
Street Address			Street Address	•	 	

State City State Zip 9. Shares Authorized Check the box to indicate an attachment 10. Shares Issued This information is currently of record in the NUMBER OF SHARES PAR VALUE Department of State. 200 **COMMON** NO PAR VALUE Changes require an additional filing. 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

KEITH ELLIS
Signature of Authorized Representative

FILED

Date

9/3/21

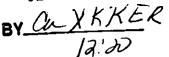
CED 9 1 2021

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