RI SOS Filing Number: 202101896500 Date: 9/21/2021 12:20:00 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP 10 PM 3:15

1. Entity ID Number	2. Exact name of the Corporation		
639997	Ellis Contracting Inc		
3. Principal Office Address	City	State	Zip
47 Flag Swamp Rd.	East Freetown	MA	02717
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236118	Residential Remodeler - Inactive		
5. State of Incorporation			
MA			

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

President Name: Keith Ellis			Vice-President 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
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 addresses) — Check the box to indicate 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	Zip: 02717
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2021 SEP 21 PM 12:17 RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	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	Date
KEITH ELLIS	9/3/21

Signature of Authorized Representative

FILED
SEP 21 2021
BY
12:20

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