RI SOS Filing Number: 202101896960 Date: 9/21/2021 12:19:00 PM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2020Corporation → 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 639997 Ellis Contracting Inc 3. Principal Office Address City State Zıp 47 Flag Swamp Rd. East Freetown 02717 MA 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 236118 Residential Remodeler - Inactive State of Incorporation MA 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Lynn Ellis President Name Keith Ellis Street Address 47 Flag Swamp Rd Street Address 47 Flag Swamp Rd State MA City E. Freetown ^{Zip}02717 State ^{Žip} 02717 City E. Freetown MA Secretary Name Keith Ellis Treasurer Name Lynn Ellis Street Address 47 Flag Swamp Rd Street Address 47 Flag Swamp Rd City E. Freetown ^{Zip} 02717 State City E. Freetown State ^{Žip} 02717 MA 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Lynn Ellis Director Name Keith Ellis Street Address 47 Flag Swamp Rd Street Address 47 Flag Swamp Rd State Zip 02717 City E. Freetown State E. Freetown MA MA 92717 岩岩 Director Name Director Name Street Address Street Address City State Zip City State 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment PAR VALUE CLASS/SERIES This information is currently of record in the NUMBER OF SHARES 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

Signature of Authorized Representative

Name of Authorized Representative

FILED<

Date

9/3/21

OED 91 202

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

Phone: (401) 222-3040 Website: www.sos.n.gov

KEITH ELLIS

BY CON XKKER 12'19

FORM 630 - Revised: 08/2020