



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2020  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <b>639997</b>		2. Exact name of the Corporation <b>Ellis Contracting Inc</b>			
3. Principal Office Address 47 Flag Swamp Rd.			City East Freetown	State MA	Zip 02717
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Residential Remodeler - Inactive			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		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. <i>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.</i>					
Name of Authorized Representative KEITH ELLIS				Date 9/3/21	
Signature of Authorized Representative				<b>FILED</b>	

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BY CKK  
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**MAIL TO:**  
 Division of Business Services  
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