



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
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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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP 10 PM 3:15

1. Entity ID Number 639997		2. Exact name of the Corporation Ellis Contracting Inc										
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) 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	City E. Freetown	State MA									
Zip 02717		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	City E. Freetown	State MA									
Zip 02717		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	City E. Freetown	State MA									
Zip 02717		Zip 02717										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
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 ☐										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NO PAR VALUE			
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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 KEITH ELLIS		Date 9/3/21										
Signature of Authorized Representative 		FILED SEP 21 2021 BY <u>CU XKKER</u> 12/18										