RI SOS Filing Number: 202210105050 Date: 2/10/2022 4:00:00 PM

State of Rhode Island Department of St	ate - Busine	ss Services D	ivision		_	-	
Department of State - Business Services Annual Report for the year: Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			- ··				
			FEBI 0 2022-DV				
1. Entity ID Number	2. Exact name of the Corporation						
2032	Baseline	Construction	, Inc.				
Principal Office Address Duchess Way			City Greenvill	e	State RI	Zip 02828	
4. NAICS Code	6. Brief descrip	tion of the character	r of business of	conducted in Rhode	Island		
238220 5. State of Incorporation RI	Planning construction, plumbing of new and older buildings						
7. List ALL officers (names and ad	Check the box to indicate an attachment						
President Name Thomas Grundy			Vice-President Name John Grundy				
Street Address 2 Duchess Way	t Address 2 Duchess Way			Street Address 23 Ernest Street			
^{City} Greenville	State RI	^{Zıp} 02828	City Smithf	ield	State RI	^{Zip} 02917	
Secretary Name Catherine Grundy			Treasurer Name Thomas Grundy				
Street Address 2 Duchess Way			Street Address 2 Duchess Way				
^{City} Greenville	State RI	^{Zip} 02828	City Greeny		State RI	Zip 02828	
8. List ALL directors (names and a	iddresses)		<u>. </u>	Check	the box to i	ndicate an attachment	
Director Name Thomas Grundy			Director Name Catherine Grundy				
Street Address 2 Duchess Way			Street Address 2 Duchess Way				
Greenville	State RI	^{Zip} 02828	^{City} Greenville		State RI	^{Z₁p} 02828	
Director Name		-	Director Name		 .		
Street Address			Street Address				
City	State	Zip	City		State	Ζίρ	
9. Shares Authorized		10. Shares Issue	<u> </u>	Check	the box to i	ndicate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SH	ARES	CLASS/SERIES PAR VALUE			
		500		Common no par value		no par value	
11. This report must be executed of trustee, this report must be execute Under penalty of perjury, I declar	ed on behalf of th re and affirm tha	e corporation by the at I have examined	receiver or tr	ustee			
statements, and that all stateme Name of Authorized Representativ	nts contained he e	erein are true and c	correct.		Date		
Thomas Grundy						6, 2022	
Signature of Authorized Represent	artive	······································	· · · · · · · · ·				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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