RI SOS Filing Number: 202328737420 Date: 2/15/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1 5 2023 PAGGO

Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
1333	Brian R	Brian R Arnold Construction Co.,Inc							
3. Principal Office Address			City		State	Zıp			
18 Tews Court			Newport		RI	02840			
4. NAICS Code	6. Brief desc	ription of the charac	ter of business o	conducted in Rhode	Island				
236118	Resident	Residential Construction							
5. State of Incorporation	_								
Rhode Island									
7. List ALL officers (names and	addresses)			Chec	k the box to indi	cate an attachment			
President Name Brian R Arnold			Vice-President Name						
Street Address 56 Poplar Street			Street Address						
^{City} Newport	State RI	^{Zıp} 02840	City		State	Zıp			
Secretary Name			Treasurer Name Brian R Arnold						
Street Address			Street Address 56 Poplar Street						
City	State	Z _' p	City Newprot		State RI	^{Zip} 02840			
8. List ALL directors (names and	d addresses)			Chec	k the box to indi	cate an attachment			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zıp			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zıp	City	.	State	Zıp			
9. Shares Authorized		10. Shares Issu							
This information is currently of re Department of State.	ecord in the	d in the SUMBER OF		CLASS SERI	LASS SERIES PAR VALUE				
·				common					
Changes require an additional filing.									
11. This report must be execute	d on behalf of the	cornoration by an a	uthorized renres	Entative If the corr	oration is in the	hands of a receiver or			
trustee, this report must be exec	cuted on behalf of	the corporation by t	the receiver or tr	rustee.					
Under penalty of perjury, I dec statements, and that all stater				ncluding any acco	mpanying sch	edules and			
Name of Authorized Representa	. , ,	a correct.		Date					
Brian R		2-13-23							
Signature of Authorized Represe	entative \(\bigcap_{\infty}	. 21							
- Willam	- Part I	1 N	.						

MAIL TO:

Division of Business Services

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

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