



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 15 2023

279962

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1333		2. Exact name of the Corporation Brian R Arnold Construction Co., Inc			
3. Principal Office Address 18 Tews Court		City Newport		State RI	Zip 02840
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Residential Construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian R Arnold			Vice-President Name		
Street Address 56 Poplar Street			Street Address		
City Newport		State RI	Zip 02840	City	
Secretary Name			Treasurer Name Brian R Arnold		
Street Address			Street Address 56 Poplar Street		
City		State	Zip	City Newport	
				State RI	
				Zip 02840	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	common	
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 <i>Brian R Arnold</i>				Date <i>2-13-23</i>	
Signature of Authorized Representative <i>Brian R Arnold</i>					

MAIL TO:
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 Website: www.scs.ri.gov