



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.

FILED

MAR 16 2023

BY

30567

1. Entity ID Number 001688252		2. Exact name of the Corporation Spectrum Corporation												
3. Principal Office Address 20 Lincoln Park Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Construction consulting and other lawful business												
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 James Hathaway			Vice-President Name											
Street Address P.O. Box 8137			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Secretary Name James Hathaway			Treasurer Name James Hathaway											
Street Address P.O. Box 8137			Street Address P.O. Box 8137											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name James Hathaway			Director Name											
Street Address P.O. Box 8137			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	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 <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</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	1000	Common	No Par Value			
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1000	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 James Hathaway				Date 2/13/23										
Signature of Authorized Representative 														