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BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation
001688252	Spectrum Corporation

3. Principal Office Address	City	State	Zip
20 Lincoln Park Avenue	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	Construction consulting a
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
James Hathaway	
Street Address: P.O. Box 8137	Street Address:
City: Cranston, State: RI, Zip: 02920	City, State, Zip:
Secretary Name:	Treasurer Name: James Hathaway
Street Address:	Street Address: P.O. Box 8137
City, State, Zip:	City: Cranston, State: RI, Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
James Hathaway	
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
James Hathaway	2/14/24

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023