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
000010115	Thornley-DeGrasse Rigging Co., Inc.

3. Principal Office Address	City	State	Zip
27 SUPERIOR VIEW BLVD.	NORTH PROVIDENCE	RI	02911

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238290	DISMANTLING, RIGGING, ERECTING AND MOVING MACHINERY AND METAL PRODUCTS.
5. State of Incorporation: RHODE ISLAND	

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

President Name: STEVEN S. THORNLEY	Vice-President Name: STEVEN S. THORNLEY
Street Address: 27 SUPERIOR VIEW BLVD.	Street Address: 27 SUPERIOR VIEW BLVD.
City: NO. PROVIDENCE State: RI Zip: 02911	City: NO. PROVIDENCE State: RI Zip: 02911
Secretary Name: STEVEN S. THORNLEY	Treasurer Name: STEVEN S. THORNLEY
Street Address: 27 SUPERIOR VIEW BLVD.	Street Address: 27 SUPERIOR VIEW BLVD.
City: NO. PROVIDENCE State: RI Zip: 02911	City: NO. PROVIDENCE State: RI Zip: 02911

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

Director Name: STEVEN S. THORNLEY	Director Name:
Street Address: 27 SUPERIOR VIEW BLVD.	Street Address:
City: NO. PROVIDENCE State: RI Zip: 02911	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	400	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
STEVEN S. THORNLEY, PRESIDENT	3-1-24

Signature of Authorized Representative: Steven S. Thornley

FILED

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BY CIWEY 13

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: 2/2023