



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.

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1. Entity ID Number 000010115		2. Exact name of the Corporation Thornley-DeGrasse Rigging Co., Inc.			
3. Principal Office Address 27 SUPERIOR VIEW BLVD.			City NORTH PROVIDENCE	State RI	Zip 02911
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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"/>		
		NUMBER OF SHARES 400	CLASS/S: RIES COMMON	PAR VALUE JE 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 STEVEN S. THORNLEY, PRESIDENT				Date 3-1-24	
Signature of Authorized Representative 					

FILED

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

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