RI SOS Filing Number: 202454064520 Date: 4/30/2024 4:00:00 PM

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.

APR	30	2024	a
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1. Entity ID Number 5946		2. Exact name of the Corporation FIELD BUILDING COMPANY, INC.							
3. Principal Office Address 241B Dugway Bridge Road			City West Kin	gston	State RI	<sup>Zip</sup> 02892			
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island							
236115	Construc	Construction							
5. State of Incorporation  Rhode Island									
7. List ALL officers (names and addresses)  Check the box to indicate an attachment of the control of the contr									
President Name Clayton Field	Clayton Field			Clayton Field					
Street Address PO Box 48			Street Address PO Box 48						
City West Kingston	State RI	<sup>Zip</sup> 02892	City West K	lingston	State RI	<sup>Zip</sup> 02892			
Secretary Name Clayton Field			Treasurer Name Clayton Field						
Street Address PO Box 48			Street Address PO Box 48						
City West Kingston	State RI	Zip ()2892	City West Kingston		State RI	Zip 02892			
8 List ALL dispetors (names and addresses)									
Director Name Clayton Field			Director Name None						
Street Address PO Box 48			Street Address						
<sup>City</sup> West Kingston	State RI	<sup>Zip</sup> 02892	City		State	Zıp			
Director Name None			Director Name None						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized	_L	10. Shares Issu	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		_	Common No Par Value				
		100	100		<u> </u>	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			
Clayton Field						April 25,2024			
Signature of Authorized Representative  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