



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|---|--------------------|---|---|---------------------------------------|---------------------|
| 1. Entity ID Number 3689 | | 2. Exact name of the Corporation H. Carr & Sons, Inc. | | | |
| 3. Principal Office Address 100 Royal Little Drive | | City Providence | | State RI | Zip 02904 |
| 4. NAICS Code 238990 | | 6. Brief description of the character of business conducted in Rhode Island Interior and Exterior Construction Management | | | |
| 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 L. Carr, Jr. | | | Vice-President Name Thomas E. Purcell | | |
| Street Address 8 Timber Ledge Drive | | | Street Address 220 River Farm Drive | | |
| City Holliston | State MA | Zip 01746 | City East Greenwich | State RI | Zip 02818 |
| Secretary Name Angela Rossi | | | Treasurer Name Mary Anne Wood | | |
| Street Address 301 Woodhaven Court | | | Street Address 8 Timber Ledge Drive | | |
| City Cranston | State RI | Zip 02920 | City Holliston | State MA | Zip 01746 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name James L. Carr, Jr. | | | Director Name NONE | | |
| Street Address 8 Timber Ledge Drive | | | Street Address | | |
| City Holliston | State MA | Zip 01746 | City | State | Zip |
| Director Name NONE | | | 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 <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | PAR VALUE |
| | | | 26 | Common | No Par |
| 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 L. Carr, Jr. | | | | Date MAR 06 2019 | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT HERE BY 12774 DS | |

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