



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

Annual Report for the year: **2017**

Corporation

- 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 22843 | | 2. Exact name of the Corporation D.J CRONIN, INC. | | | |
| 3. Principal Office Address 53 MINK STREET | | City SEEKONK | | State MA | Zip 02771 |
| 4. NAICS Code 48-49 - Transportation and War | | 6. Brief description of the character of business conducted in Rhode Island TRUCKING OF ASPHALT AND PETROLEUM PRODUCTS | | | |
| 5. State of Incorporation MASSACHUSETTS | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name RICHARD J. CRONIN | | | Vice President Name RICHARD J CRONIN | | |
| Street Address 132 GEORGE STREET | | | Street Address 132 GEORGE STREET | | |
| City BARRINGTON | State RI | Zip 02806 | City BARRINGTON | State RI | Zip 02806 |
| Secretary Name KAREN FARINA | | | Treasurer Name RICHARD J CRONIN | | |
| Street Address 17 SYLVESTER STREET | | | Street Address 132 GEORGE STREET | | |
| City BARRINGTON | State RI | Zip 02806 | City BARRINGTON | State RI | Zip 02806 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name JANE CRONIN | | | Director Name RICHARD J CRONIN | | |
| Street Address 132 GEORGE STREET | | | Street Address 132 GEORGE STREET | | |
| City BARRINGTON | State RI | Zip 02806 | City BARRINGTON | State RI | Zip 02806 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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. | | | | | |
| 10. Shares Issued | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 229 | | COMMON | | \$100 | |
| | | | | | |
| 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 RICHARD J CRONIN | | | | | Date |
| Signature of Authorized Representative | | | | | |

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