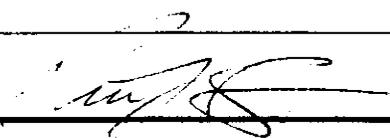
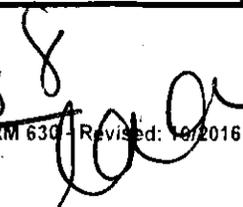




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 8171		2. Exact name of the Corporation P.J.R. CONSTRUCTION CO., INC.			
3. Principal Office Address 448 PARK AVENUE			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN GENERAL CONSTRUCTION			
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 PETER J. RAPOSA			Vice-President Name ERIC C. RAPOSA		
Street Address 51 PEGGY LANE			Street Address 794 BRISTOL FERRY ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name ERIC C. RAPOSA			Treasurer Name PETER J. RAPOSA		
Street Address 794 BRISTOL FERRY ROAD			Street Address 51 PEGGY LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
			100		COMMON
					PAR VALUE
					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 PETER J. RAPOSA, PRESIDENT				Date 2/16/17	
Signature of Authorized Representative 				FILED "President" FEB 23 2017 BY <u>0388</u> 	

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