



State of Rhode Island and Providence Plantations

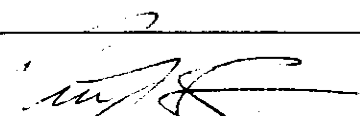
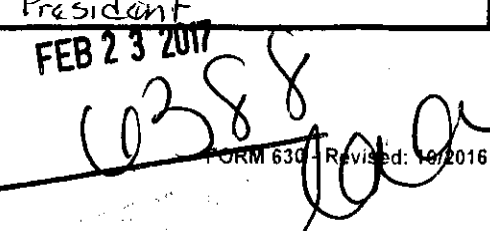
## Department of State - Business Services Division

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 <b>8171</b>		2. Exact name of the Corporation <b>P.J.R. CONSTRUCTION CO., INC.</b>		
3. Principal Office Address <b>448 PARK AVENUE</b>		City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN GENERAL CONSTRUCTION</b>			
5. State of Incorporation <b>RHODE ISLAND</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>PETER J. RAPOSA</b>		Vice-President Name <b>ERIC C. RAPOSA</b>		
Street Address <b>51 PEGGY LANE</b>		Street Address <b>794 BRISTOL FERRY ROAD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>
Secretary Name <b>ERIC C. RAPOSA</b>		Treasurer Name <b>PETER J. RAPOSA</b>		
Street Address <b>794 BRISTOL FERRY ROAD</b>		Street Address <b>51 PEGGY LANE</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>N/A</b>		Director Name <b>N/A</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>N/A</b>		Director Name <b>N/A</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		
		CLASS/SERIES		
		PAR VALUE		
		100		
		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. <b>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.</b>				
Name of Authorized Representative <b>PETER J. RAPOSA, PRESIDENT</b>			Date <b>2/16/17</b>	
Signature of Authorized Representative 			"President" 	

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

FEB 23 2017

FORM 630 - Revised: 10/2016