RI SOS Filing Number: 201876726230 Date: 2/20/2018 4:00:00 PM

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | | | | | |
|---|--|----------------------|-------------------|---------------------------------------|----------------------|-------------------------|--|
| Annual Report for the year: 2018 Corporation | | | | | | | |
| → Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee | | t 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 | 6. Brief descri | ption of the charac | ter of business o | onducted in Rhode Isla | and | <u> </u> | |
| 48-49 Transportation | TRUCKING OF ASPHALT AND PETROLEUM PRODUCTS | | | | | | |
| 5. State of Incorporation MASSACHUSETTS | 484110 | | | | | | |
| . List ALL officers (names and addresses) Check the box to Indicate an attachment | | | | | | | |
| President Name RICHARD J. CRONIN | | | | Vice-President Name RICHARD J. CRONIN | | | |
| Street Address 132 GEORGE STREET | | | Street Address | Street Address 132 GEORGE STREET | | | |
| City BARRINGTON | State RI | ^{Zip} 02806 | City BARRINGTON | | State RI | ^{Zip} 02806 | |
| Secretary Name KAREN FARINA | | | Treasurer Nam | Treasurer Name RICHARD J. CRONIN | | | |
| Street Address 17 SYLVESTER STREET | | | Street Address | 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 th | e box to in | ndicate an attachment 🔲 | |
| | | | | Director Name JANE CRONIN | | | |
| Street Address 132 GEORGE STRE | 132 GEORGE STRE | ET | | | | | |
| City BARRINGTON | State RI | ^{Zip} 02806 | City BARRINGTON | | State RI | Zip 02806 | |
| Director Name | • | Director Name | | | | | |
| Street Address | Street Address | | | | | | |
| City | State | Złp | City | · · · | State | Zip | |
| 9. Shares Authorized | | 10. Shares Iss | | | ne box to ir | ndicate an attachment 🗖 | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES | | COMMON \$ | | \$100 | |
| Changes require an additional filing. | | | | | | | |
| 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 AUGUST 31, 2018 | | |
| Signature of Authorized Representative | | | | | | | |
| Brhard Franci | | | | | | | |
| MAIL TO: | | | | | | | |

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 20 2018

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