



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

Annual Report for the year: **2018**
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		6. Brief description of the character of business conducted in Rhode Island TRUCKING OF ASPHALT AND PETROLEUM PRODUCTS			
5. State of Incorporation MASSACHUSETTS		484110			
7. 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 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 ☐					
Director Name RICHARD J. CRONIN			Director Name JANE 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 ☐					
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 ☐		
			NUMBER OF SHARES 229	CLASS/SERIES COMMON	PAR VALUE \$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 AUGUST 31, 2018	
Signature of Authorized Representative 					

FILED

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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FORM 630 - Revised: 10/2017