



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

STATE

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 <u>138652</u>		2. Exact name of the Corporation <u>CONSTRUCTION PROJECT MANAGERS, LTD.</u>	
3. Principal Office Address <u>46 BROOK FARM ROAD</u>		City <u>PORTSMOUTH</u>	State <u>RI</u>
		Zip <u>02871</u>	
4. NAICS Code <u>236110</u>	6. Brief description of the character of business conducted in Rhode Island. <u>TO ENGAGE IN CONSTRUCTION MANAGEMENT, GENERAL CONTRACTING & BLDG. CONST.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>RAYMOND J. MORRISSETTE</u>		Vice-President Name <u>NONE</u>	
Street Address <u>46 BROOK FARM RD</u>		Street Address <u>_____</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	
Secretary Name <u>JACQUELINE M MORRISSETTE</u>		Treasurer Name <u>RAYMOND J. MORRISSETTE</u>	
Street Address <u>46 BROOK FARM RD.</u>		Street Address <u>46 BROOK FARM RD.</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>RAYMOND J. MORRISSETTE</u>		Director Name <u>NONE</u>	
Street Address <u>46 BROOK FARM RD.</u>		Street Address <u>_____</u>	
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>_____</u>		Street Address <u>_____</u>	
City <u>_____</u>	State <u>_____</u>	Zip <u>_____</u>	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>NONE</u>	<u>COMMON</u>
		PAR VALUE	<u>\$0.00</u>
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 <u>Jacqueline M. Morrisette</u>		Date <u>9/17/18</u>	
Signature of Authorized Representative <u>Jacqueline M. Morrisette</u>		SIGN DOCUMENT HERE <u>FI</u>	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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