State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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	2. Exact name of the Corporation		
138652	CONSTRUCTION PROJECT MANAGERS, LTD.		
3. Principal Office Address	City	State	Zip
46 BROOK FARM ROAD	PORTSMOUTH	RI	02871
4. NAICS Code: 236116	6. Brief description of the character of business conducted in Rhode Island: TO ENGAGE IN CONSTRUCTION MANAGEMENT, GENERAL CONTRACTING & BLDG. CONST.		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
RAYMOND J. MORRISSETTE	NONE
Street Address: 46 BROOK FARM RD	Street Address: —
City: PORTSMOUTH State: RI Zip: 02871	City: — State: — Zip: —
Secretary Name: JACQUELINE M MORRISSETTE	Treasurer Name: RAYMOND J. MORRISSETTE
Street Address: 46 BROOK FARM RD.	Street Address: 46 BROOK FARM RD.
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 ☐

Director Name	Director Name
RAYMOND J. MORRISSETTE	NONE
Street Address: 46 BROOK FARM RD.	Street Address: —
City: PORTSMOUTH State: RI Zip: 02871	City: — State: — Zip: —
Director Name: NONE	Director Name: NONE
Street Address: —	Street Address: —
City: — State: — Zip: —	City: — State: — Zip: —

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	PAR VALUE
	NONE	COMMON	$0.00
	—	—	—

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	Date
Jacqueline M. Morrissette	9/17/18

Signature of Authorized Representative: Jacqueline M. Morrissette SIGN DOCUMENT HERE

FILED

SEP 20 2018

BY 1073 DS

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

FORM 630 - Revised: 10/2017