



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division


Annual Report for the year: **2019**  
Corporation

STAMP

→ 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>000787989</b>		2. Exact name of the Corporation <b>S &amp; J Construction, Inc.</b>			
3. Principal Office Address <b>52 Walnut Road</b>			City <b>Swampscott</b>	State <b>MA</b>	Zip <b>01907</b>
4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>Remodeling and General Contracting</b>				
5. State of Incorporation <b>MA</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>Cathleen Ford</b>			Vice-President Name <b>none</b>		
Street Address <b>52 Walnut Road</b>			Street Address <b>none</b>		
City <b>Swampscott</b>	State <b>MA</b>	Zip <b>01907</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Secretary Name <b>none</b>			Treasurer Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</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>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
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
		<b>10,000.00</b>	<b>CNP</b>	<b>\$0.0000</b>	
		<b>none</b>	<b>none</b>	<b>none</b>	
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>Cathleen Ford</b>				Date <b>12/19/2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> <b>DEC 24 2018</b> <b>5187</b>	