



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

Annual Report for the year: 2019
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 104282		2. Exact name of the Corporation C & J Construction Inc.			
3. Principal Office Address 144 Round Top Road			City Harrisville	State RI	Zip 02830
4. NAICS Code 23-Construction 212321		6. Brief description of the character of business conducted in Rhode Island General Contractor- construction & remodeling of residential and commercial structures			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher J. Keegan			Vice-President Name Kenneth Keegan		
Street Address 144 Round Top Road			Street Address 32 Kennedy Lane		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Christopher J. Keegan			Treasurer Name Kenneth Keegan		
Street Address 144 Round Top Road			Street Address 32 Kennedy Lane		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	0
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 Christopher J. Keegan					Date 1-18-19
Signature of Authorized Representative <i>Christopher J. Keegan President</i>					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

JAN 22 2019

BY BOH DS FORM 630 - Revised: 10/2017