



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 001682572		2. Exact name of the Corporation Henry M. Osowiecki & Sons, Inc.			
3. Principal Office Address 48 Clay Street		City Thomaston		State CT	Zip 06787
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island To own and operate a construction company and do all things incidental thereto				
5. State of Incorporation CT					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Caroline Osowiecki		Vice-President Name Henry M. Osowiecki			
Street Address 48 Clay Street		Street Address Same as President			
City Thomaston	State CT	Zip 06787	City	State	Zip
Secretary Name Henry M. Osowiecki		Treasurer Name Same as President			
Street Address 48 Clay Street		Street Address			
City Thomaston	State CT	Zip 06787	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Caroline R. Osowiecki		Director Name Anthony R. Lauretano			
Street Address 350 Walnut Hill Road		Street Address 157 Thomaston Road			
City Thomaston	State CT	Zip 06787	City Morris	State CT	Zip 06763
Director Name Henry M. Osowiecki		Director Name			
Street Address 350 Walnut Hill Road		Street Address			
City Thomaston	State CT	Zip 06787	City	State	Zip
9. Shares Authorized 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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		100			NO
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 Caroline Osowiecki, President					Date 02/04/2019
Signature of Authorized Representative <i>Caroline Osowiecki</i>					FILED <i>or</i>

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.n.gov

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BY 64312

FORM 630 - Revised: 10/2017