State of Rhode [redacted] Providence Plantations
Department [redacted] Business Services Division

Annual Report for the [redacted]020 Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 21 2020
BY 647

1. Entity ID Number	2. Exact name of the Corporation
104282	C & J Construction Inc.

3. Principal Office Address	City	State	Zip
144 Round Top Road	Harrisville	RI	02830

4. NAICS	5. Brief description of the character of business conducted in Rhode Island
236220	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 ☐

President Name	Street Address	City	State	Zip
Christopher J. Keegan	144 Round Top Road	Harrisville	RI	02830

Vice-President Name	Street Address	City	State	Zip
Kenneth Keegan	32 Kennedy Lane	Harrisville	RI	02830

Secretary Name	Street Address	City	State	Zip
Christopher J. Keegan	144 Round Top Road	Harrisville	RI	02830

Treasurer Name	Street Address	City	State	Zip
Kenneth Keegan	32 Kennedy Lane	Harrisville	RI	02830

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	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 ☐

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	Date
Christopher J. Keegan	1-12-2020

Signature of Authorized Representative: Christopher J Keegan — SIGN DOCUMENT HERE

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