



Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

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



2020 JAN 30 PM 12:53

1. Entity ID Number <b>5411</b>		2. Exact name of the Corporation <b>CRUZ CONSTRUCTION COMPANY, INC.</b>			
3. Principal Office Address <b>23 MAPLE STREET, SUITE 6</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>ASPHALT, CONCRETE AND UTILITY CONNECTIONS</b>			
5. State of Incorporation <b>RHODE ISLAND</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>JOSEPH CRUZ</b>			Vice-President Name <b>DAWN CRUZ</b>		
Street Address <b>157 ROCKY HILL ROAD</b>			Street Address <b>157 ROCKY HILL ROAD</b>		
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>DAWN CRUZ</b>			Treasurer Name <b>JOSEPH CRUZ</b>		
Street Address <b>157 ROCKY HILL ROAD</b>			Street Address <b>157 ROCKY HILL ROAD</b>		
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</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>JOSEPH CRUZ</b>			Director Name <b>DAWN CRUZ</b>		
Street Address <b>157 ROCKY HILL ROAD</b>			Street Address <b>157 ROCKY HILL ROAD</b>		
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>50</b>	<b>COMMON</b>	<b>NO PAR VALUE</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. <i>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.</i>					
Name of Authorized Representative <b>JOSEPH CRUZ</b>				Date <b>12-26-19</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> <b>JAN 30 2020</b> <b>5848 A.A.</b>	