



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.

RECEIVED STAMP
 SECRETARY OF STATE
 CORPORATION
 USE ONLY

2020 JAN 30 PM 12: 53

1. Entity ID Number 5411		2. Exact name of the Corporation CRUZ CONSTRUCTION COMPANY, INC.			
3. Principal Office Address 23 MAPLE STREET, SUITE 6			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island ASPHALT, CONCRETE AND UTILITY CONNECTIONS			
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 JOSEPH CRUZ			Vice-President Name DAWN CRUZ		
Street Address 157 ROCKY HILL ROAD			Street Address 157 ROCKY HILL ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name DAWN CRUZ			Treasurer Name JOSEPH CRUZ		
Street Address 157 ROCKY HILL ROAD			Street Address 157 ROCKY HILL ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH CRUZ			Director Name DAWN CRUZ		
Street Address 157 ROCKY HILL ROAD			Street Address 157 ROCKY HILL ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name NONE			Director Name NONE		
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		
			50	COMMON	NO PAR VALUE
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 JOSEPH CRUZ					Date 12-26-19
Signature of Authorized Representative <i>X [Signature]</i>					

FILED
SIGN DOCUMENT HERE

JAN 30 2020
5848 A.A.