RI SOS Filing Number: 202037531380 Date: 4/13/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

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.

	FILED _	
	APR 1 3 2020	STAMP
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Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
803182		NJR CONSTRUCTION INC.						
3. Principal Office Address			City		State	Žip		
247 CURRAN ROAD			CUMBERL	AND	RI	02864		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
236620	CONSTRUCTION SERVICES							
5. State of Incorporation								
RHODE ISLAND	1							
7. List ALL officers (names an	d addresses)				ck the box to ii	ndicate an attachment		
President Name RAMIRO A. DELGADO			Vice-President Name NONE					
Street Address 247 CURRAN ROAD			Street Address					
City CUMBERLAND	State RI	Zip 02864	Crty		State	Zıp		
Secretary Name RAMIRO A. DELGADO			Treasurer Name RAMIRO A. DELGADO					
Street Address 247 CURRAN ROAD			Street Address 247 CURRAN ROAD					
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND		State RI	^{Zıp} 02864		
8. List ALL directors (names a	and addresses)			Che	eck the box to i	ndicate an attachment		
Director Name RAMIRO A. DELGADO			Director Name	Director Name NONE				
Street Address 247 CURRAN ROAD			Street Address					
City CUMBERLAND	State RI	Zip 02864	Cıty		State	Zıp		
Director Name NONE			Director Name NONE					
Street Address			Street Addres	s				
City	State	Zıp	City		State	Zıp		
9. Shares Authorized	.	10. Shares Is	I sued	Che	eck the box to i	ndicate an attachment 🔲		
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES PAR VAILUE			
Department of State. Changes require an additional filing.		100		COMMON		.01		
						-		
11. This report must be execu	ited on behalf of the	e corporation by an	authorized repre	<u>I</u> sentative. If the co	progration is in t	I the hands of a receiver or		
trustee, this report must be ex	recuted on behalf o	f the corporation by	the receiver or t	rustee.				
Under penalty of perjury, I c statements, and that all sta				including any ac	companying s	chedules and		
Name of Authorized Representative						Date		
RAMIRO A. DELGADO						3-28-20		
Signature of Authorized Repri	esentative W DJ	Lgodsign Do	OCUMENT HERE	Bra				
				- ~ ~ ~				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov