



RI SOS Filing Number: 202187708740 Date: 1/20/2021 4:00:00 PM
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

CORPORATION DIVISION
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 125425		2. Name of Corporation East Side Construction, Inc.			
3. Street Address Principal Business Office 21 Dexter Road		City 238110 East Providence		State RI	Zip 02914
4. Business Phone No. 401-434-6600		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher J. Voll			Vice President Name Christopher J. Voll		
Street Address 21 Dexter Road			Street Address 21 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Christopher J. Voll			Treasurer Name Christopher J. Voll		
Street Address 21 Dexter Road			Street Address 21 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-100-	common	no par value
			THIS SECTION MUST BE COMPLETED		

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.



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File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

JAN 20 2021

BY

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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.

Signature

Christopher J. Voll

Print or Type Name

President

Title

Date