RI SOS Filing Number: 202187724560 Date: 1/22/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the Corporation			IAM Q	9 2021 -			
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			- JAN 2 2 2021				
1, Entity ID Number	2. Exact name	2. Exact name of the Corporation					
501519	J.J. Vaccaro,	Inc.					
3. Principal Office Address			City		State	Zıp	
38 Union Square			Somerville		MA	02143	
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island					
238190	General cont	General contracting and construction managers.					
5. State of Incorporation							
МА							
7. List ALL officers (names a	and addresses)		1		k the box to indic	ate an attachment 🗖	
President Name Michael Ker	Vice-President Name Brian M. Mount						
Street Address 1 Russet Lane			Street Address 144 Fensview Drive				
City Melrose	State MA	Zip 02176	City Westwoo	od	State MA	^{Zip} 02090	
Secretary Name Brian M. Mount			Treasurer Name Brian M. Mount				
Street Address 144 Fensview Drive			Street Address 144 Fensview Drive				
City Westwood	State MA	Zip 02909	City Westwoo	od	State :MA	Zip ()2090	
8. List ALL directors (names	and addresses)		1	Chec	k the box to indic	ate an attachment	
Oirector Name Michael Keni	Director Name	Brian M. Mount					
Street Address 1 Russet Lane			Street Address 144 Fensview Drive				
City Melrose	State MA	Z _{IP} 02176	City Westwood		State MA	Zip 02090	
Director Name	<u> </u>		Director Name			<u>-</u>	
Street Address	Street Address						
City	State	Z ip	City		State	Zip	
9. Shares Authorized		10. Shares Is				ate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		C. ASS/SERIES Common		PAR VALUE 0.01	
Changes require an additional filing.						0.01	
11. This report must be executive this report must be	executed on behalf of	the corporation by	the receiver or tri	ustee.			
Under penalty of perjury, statements, and that all st	l declare and affirm ti	hat I have examir	ned this report, in	ncluding any acco	mpanying sche	dules and	
Name of Authorized Repres			worr ove.		Date	/	
Brian M. Mount		1/11/2021					
Signature of Authorized Rep	préséntative						
	(1/1/1/1/1)				<u>.</u>		

MAIL TO:

Division of Business Services

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

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