



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001685509		2. Exact name of the Corporation J.A. Larkin Company of Craftsmen, Inc.	
3. Principal Office Address 14 North Broad Street		City Pawcatuck	State CT
		Zip 06379	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Remodeling; All lawful business.		
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 A. Larkin		Vice-President Name	
Street Address 14 North Broad Street		Street Address	
City Pawcatuck	State CT	Zip 06379	
Secretary Name Ann F. DiOrio		Treasurer Name Ann F. DiOrio	
Street Address 14 North Broad Street		Street Address 14 North Broad Street	
City Pawcatuck	State CT	Zip 06379	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph A. Larkin		Director Name	
Street Address 14 North Broad Street		Street Address 14 North Broad Street	
City Pawcatuck	State CT	Zip 06379	
Director Name		Director Name	
Street Address		Street Address	
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	
		600	CNP
			0.0000
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. 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.			
Name of Authorized Representative Joseph A. Larkin, President		Date 1-23-21	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

JAN 28 2021

BY **1676**

KM

FORM 630 - Revised: 10/2017