



State of Rhode Island

## 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.

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                         |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Entity ID Number<br><u>000156701</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | 2. Exact name of the Corporation<br><u>ONE EYED JACKS BUILDING COMPANY</u>                                                              |                            |
| 3. Principal Office Address<br><u>7 CEDAR AVE, MIDDLETOWN</u>                                                                                                                                                                                                                                                                                                                                                                                                    |                      | City<br><u>MIDDLETOWN</u>                                                                                                               | State<br><u>R.I.</u>       |
| 4. NAICS Code<br><u>236118</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | 5. Brief description of the character of business conducted in Rhode Island<br><u>GENERAL CONTRACTING<br/>CARPENTRY SUB-CONTRACTING</u> |                            |
| 5. State of Incorporation<br><u>R.I.</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                         |                            |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                         |                            |
| President Name<br><u>RICHARD PFAFF</u>                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | Vice-President Name<br><u>NONE</u>                                                                                                      |                            |
| Street Address<br><u>7 CEDAR AVE.</u>                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | Street Address                                                                                                                          |                            |
| City<br><u>MIDDLETOWN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        | State<br><u>R.I.</u> | Zip<br><u>02842</u>                                                                                                                     |                            |
| Secretary Name<br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | Treasurer Name<br><u>NONE</u>                                                                                                           |                            |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | Street Address                                                                                                                          |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                | Zip                                                                                                                                     |                            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                         |                            |
| Director Name<br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | Director Name<br><u>NONE</u>                                                                                                            |                            |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | Street Address                                                                                                                          |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                | Zip                                                                                                                                     |                            |
| Director Name<br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | Director Name<br><u>NONE</u>                                                                                                            |                            |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | Street Address                                                                                                                          |                            |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                | Zip                                                                                                                                     |                            |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |                      | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                   |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | NUMBER OF SHARES<br><u>8000</u>                                                                                                         | CLASS/SERIES<br><u>FTK</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | PAR VALUE<br><u>0.0100</u>                                                                                                              |                            |
| 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.<br><b>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.</b> |                      |                                                                                                                                         |                            |
| Name of Authorized Representative<br><u>RICHARD PFAFF</u>                                                                                                                                                                                                                                                                                                                                                                                                        |                      | Date<br><u>1.19.21</u>                                                                                                                  |                            |
| Signature of Authorized Representative<br><u>Richard Pfaff</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                         |                            |

FILED

MAIL TO:  
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