



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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

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

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CH 58W14

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FORM 630 - Revised: 08/2020