RI SOS Filing Number: 202193317240 Date: 2/26/2021 4:00:00 PM

State of Rhode Island
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.

FEB 26 2021
5387

1. Entity ID Number	2. Exact name of the Corporation		
110478	PRIME GENERAL CONTRACTING, INC.		
3. Principal Office Address	City	State	Zip
6104 PHEASANT RIDGE DRIVE	PORT ORANGE	FL	32128
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236118	TO PROVIDE GENERAL CONTRACTING SERVICES TO THE CONSTRUCTION INDUSTRY		
5. State of Incorporation			
RHODE ISLAN D			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
SCOTT MAURO			MAXIM ARONOV		
Street Address			Street Address		
6104 PHEASANT RIDGE DRIVE			9 SEWARD DRIVE		
City / State / Zip			City / State / Zip		
PORT ORANGE	FL	32128	WARWICK	RI	10990
Secretary Name			Treasurer Name		
SAME AS PRESIDENT			SAME AS PRESIDENT		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$1.00

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	Date
SCOTT MAURO	X 02/23/2021

Signature of Authorized Representative X Scott Mauro

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

FORM 630 - Revised: 08/2020