RI SOS Filing Number: 202193319190 Date: 2/26/2021 4:00:00 PM



State-of Rhode Island

Department of State - Business Services Division

FEB 2 6 202

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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.

| 1. Entity ID Number | 2 Exact nan | 2. Exact name of the Corporation | | | | | |
|---|--------------------------|----------------------------------|--|-------------------|----------------|----------------------------|--|
| 131821 | | PC CONSTRUCTION CO. | | | | | |
| 3. Principal Office Address 110 BAILEY BLVD. | | | City EAST GREE | NWICH | State RI | Zip 02818 | |
| 4. NAICS Code 236200 5. State of Incorporation RHODE ISLAND | 6. Brief desc CONSTRU | ription of the chara CTION | cter of business o | onducted in Rhode | elsland | • | |
| 7. List ALL officers (names and | d addresses) | | | | k the box to i | ndicate an attachment 🔲 | |
| President Name WO PING CHAN | | | Vice-President Name | | | | |
| Street Address 110 BAILEY BLVD. | | | Street Address | | | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | | State | Zip | |
| Secretary Name WO PING CHAN | | | Treasurer Name WO PING CHAN | | | | |
| Street Address 110 BAILEY BLVD. | | | Street Address 110 BAILEY BLVD. | | | | |
| City EAST GREENWICH | State RI | ^{Zip} 02818 | City EAST GREENWICH | | State RI | ^{Zip} 02818 | |
| 8. List ALL directors (names ar | nd addresses) | | | Chec | ck the box to | indicate an attachment | |
| Director Name WO PING CHA | N | | Director Name | | | | |
| Street Address 110 BAILFY BLVD. | | | Street Address | | | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | | State | Zip | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | | 10. Shares Is | 10. Shares Issued Check the box to indicate an attachr | | | indicate an attachment | |
| This information is currently of record in the | | NUMBER (| OF SHARES | CLASS/SEF | RIES | PAR VALUE | |
| Department of State. Changes require an additional filing. | | 100 | 100 | | | NO PAR | |
| | | | | | | | |
| 11. This report must be execut trustee, this report must be ex- | | • | • | | poration is in | the hands of a receiver or | |
| Under penalty of perjury, I d | eclare and affirm | that i have exami | ned this report, is | | ompanying s | chedules and | |
| Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date | | | | | | | |
| WO PING CHAN., PRESIDENT | | | | | | | |
| Signature of Authorized Refre | sentative | | | (22) | 120/20 | 2/ | |

MAIL TO:

Division of Business Services

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

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