



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.

FILED

MAR 01 2021 STAMP

BY

1. Entity ID Number 22843		2. Exact name of the Corporation D.J. CRONIN, INC.			
3. Principal Office Address 53 MINK STREET			City SEEKONK	State MA	Zip 02771
4. NAICS Code 484220	6. Brief description of the character of business conducted in Rhode Island TRUCKING OF ASPHALT AND PETROLEUM PRODUCTS				
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name RICHARD J CRONIN			Vice-President Name RICHARD J CRONIN		
Street Address 132 GEORGE STREET			Street Address 132 GEORGE STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name KAREN FARINA			Treasurer Name RICHARD J CRONIN		
Street Address 17 SYLVESTER STREET			Street Address 132 GEORGE STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name JANE CRONIN			Director Name RICHARD J CRONIN		
Street Address 132 GEORGE STREET			Street Address 132 GEORGE STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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	CLASS/SERIES	PAR VALUE
			229	COMMON	\$100
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 RICHARD J CRONIN					Date 2/26/2021
Signature of Authorized Representative 					

MAIL TO:

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