State of Rhode Island
Department of State - Business Services Division

FILED
STAMP
MAR 01 2021
BY

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 name of the Corporation		
22843	D.J. CRONIN, INC.		
3. Principal Office Address	City	State	Zip
53 MINK STREET	SEEKONK	MA	02771
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
484220	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	Street Address	City	State	Zip
RICHARD J CRONIN	132 GEORGE STREET	BARRINGTON	RI	02806

Vice-President Name	Street Address	City	State	Zip
RICHARD J CRONIN	132 GEORGE STREET	BARRINGTON	RI	02806

Secretary Name	Street Address	City	State	Zip
KAREN FARINA	17 SYLVESTER STREET	BARRINGTON	RI	02806

Treasurer Name	Street Address	City	State	Zip
RICHARD J CRONIN	132 GEORGE STREET	BARRINGTON	RI	02806

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

Director Name	Street Address	City	State	Zip
JANE CRONIN	132 GEORGE STREET	BARRINGTON	RI	02806

Director Name	Street Address	City	State	Zip
RICHARD J CRONIN	132 GEORGE STREET	BARRINGTON	RI	02806

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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	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	Date
RICHARD J CRONIN	2/26/2021

Signature of Authorized Representative

Richard J Cronin

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