RI SOS Filing Number: 202194701200 Date: 3/17/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

| Annual Report for the year: | 2021 |
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| Cornoration | |

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

| MAR | 1 7 2021 |
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| BV-A | 4834 |
| - 30 cc | |

| 1. Entity ID Number | 2. Exact nam | 2. Exact name of the Corporation | | | | | | | |
|---|----------------|--|------------------------------------|-------------------------------|------------------|----------------------------|--|--|--|
| 000096336 | CASTRO A | CASTRO AND SON CONSTRUCTION INC | | | | | | | |
| Principal Office Address REAT ROAD | · | | | | State RI | Zip 02865 | | | |
| 4. NAICS Code 238110 5. State of Incorporation | | 6. Brief description of the character of business conducted in Rhode Island ASPHAULT AND CONCRETE CONSTRUCTION | | | | | | | |
| RHODE ISLAND | | | | | | | | | |
| 7. List ALL officers (names ar | nd addresses) | | | Check | the box to i | indicate an attachment 🗖 | | | |
| President Name PHILLIP CASTRO | | | Vice-President Name PHILLIP CASTRO | | | | | | |
| Street Address 812 GREAT ROAD | | | Street Address 812 GREAT' ROAD | | | | | | |
| City LINCOLN | State RI | Zip 02865 | City LINCOLN | | State RI | ^{Zip} 02865 | | | |
| Secretary Name PHILLIP CAS | TRO | <u> </u> | Treasurer Na | Treasurer Name PHILLIP CASTRO | | | | | |
| Street Address 812 GREAT ROAD | | | Street Address 812 GREAT ROAD | | | | | | |
| ^{Cny} LINCOLN | State RI | ^{Zip} 02865 | City LINCOLN | | State RI | ^{Zip} 02865 | | | |
| 8. List ALL directors (names a | and addresses) | | | Check | the box to | indicate an attachment | | | |
| Director Name SAME AS ABC | | | Director Nam | e | | | | | |
| Street Address | • | | Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | | | |
| Director Name | ٨. | t | Director Nam | e | <u> </u> | <u> </u> | | | |
| Street Address | | | Street Addres | ss | | | | | |
| City | State - | Zip | City | | State | Zip | | | |
| 9. Shares Authorized | ı | 10. Shares Is | sued | Check | k the box to | indicate an attachment 🔲 | | | |
| This information is currently of record in the | | NUMBER | NUMBER OF SHARES CLASS/S | | SERIES PAR VALUE | | | | |
| Department of State. Changes require an additional filing. | | . 400 | 400 | | | NO PAR | | | |
| onanges require an additional | | | | | | _ | | | |
| This report must be executivustee, this report must be ex | | | | | oration is in | the hands of a receiver or | | | |
| Under penalty of perjury, I o | | | • | including any acco | mpanying s | chedules and | | | |
| Statements, and that all statements contained herein are true and correct. Name of Authorized Representative | | | | | Date | Date | | | |
| PHILLIP CASTRO | | | | | 03132020 | | | | |
| Signature of Authorized Repr | Sentative | | | | | | | | |
| | -() | • | | | _ | _ | | | |

MAIL TO: (Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov