RI SOS Filing Number: 202105484550 Date: 11/29/2021 12:58:00 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

2021 SEP 17 Du.

1. Entity ID Number 001691927		2. Exact name of the Corporation CRC CONSTRUCTION RESTORATION MANAGEMENT CORP					
3. Principal Office Address			City	State	· · · · · · · · · · · · · · · · · · ·	Zip	
2 PLEASANT VIEW CIRCLE			GREENVILLE	RI		02828	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
23611 <b>O</b>	RESIDEN	TIAL CONSTRUC	TION				
5. State of Incorporation							
RI							
7. List ALL officers (names ar	nd addresses)			Check the box to	o indicate	e an attachment	
President Name CHRIS COX			Vice-President Name				
Street Address 2 PLEASANT VIEW CIRCLE			Street Address				
City GREENVILLE	State RI	<sup>Zip</sup> 02828	City	State		Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	2821	Zip	
					KO,		
8. List ALL directors (names a	and addresses)	-	12.	Check the box t		e an attachment 🗀	
Director Name			Director Name		9	<b>く</b> 27年	
Street Address			Street Address Z				
City	State	Zip	City	State	ა <u>ე</u>	Zip ,	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State		Zìp	
9. Shares Authorized		10. Shares Is	L	Check the how to	o indicate	e an attachment	
his Information is currently of record in the			F SHARES	CI ASS/SERIFS PAR VALUE			
Department of State. Changes require an additional filing.		200			0		
					<del>                                     </del>		
11. This report must be execu	uted on behalf of th	e corporation by an	l authorized representat	ive. If the corporation is	in the ha	nds of a receiver or	
trustee, this report must be e	xecuted on behalf of	of the corporation by	the receiver or trustee	<u>.                                    </u>			
Under penalty of perjury, I on statements, and that all states				ling any accompanying	ı schedu	iles and	
Name of Authorized Represe			<u> </u>	Date	•		
CHRIS COX	_			9	7-/-	-21	
Signature of Athonized Repr	esentative		FILED	1	•	-	
//////////////////////////////////////		•					
1 111			· NOV 2 9 2021				

Division of Business Services

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

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

FORM 630 - Revised: 08/2020