



State of Rhode Island  
**Department of State - Business Services Division**

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

**Annual Report for the year: 2022**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>45186</b>		2. Exact name of the Corporation <b>MEMO CONSTRUCTION, INC.</b>			
3. Principal Office Address <b>75 Terrace Avenue</b>		City <b>Riverside</b>		State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>General Construction</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ladd W. Meyer</b>			Vice-President Name <b>Ladd J. Meyer</b>		
Street Address <b>75 Terrace Avenue</b>			Street Address <b>39 Cady Road</b>		
City <b>Riverside</b>		State <b>RI</b>	Zip <b>02915</b>	City <b>Barrington</b>	
				State <b>RI</b>	
				Zip <b>02806</b>	
Secretary Name <b>Susan Meyer</b>			Treasurer Name <b>Susan Meyer</b>		
Street Address <b>75 Terrace Avenue</b>			Street Address <b>75 Terrace Avenue</b>		
City <b>Riverside</b>		State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	
				State <b>RI</b>	
				Zip <b>02915</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Susan Meyer</b>			Director Name <b>Ladd W. Meyer</b>		
Street Address <b>75 Terrace Avenue</b>			Street Address <b>75 Terrace Avenue</b>		
City <b>Riverside</b>		State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	
				State <b>RI</b>	
				Zip <b>02915</b>	
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>50</b>	<b>Common</b>	<b>No Par Value</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Ladd W. Meyer</b>				Date <b>1-31-22</b>	
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

**FILED**

**FEB 11 2022**

BY 29444