



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 15 2022

BY

STAMP

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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 1680901	2. Exact name of the Corporation M. P. Andruchow Construction, Inc.
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3. Principal Office Address 1876 New London Turnpike	City West Warwick	State RI	Zip 02893
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4. NAICS Code 236117	6. Brief description of the character of business conducted in Rhode Island To engage in the business of general construction and real estate development
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael P. Andruchow			Vice-President Name		
Street Address 1876 New London Turnpike			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Michael P. Andruchow			Treasurer Name Michael P. Andruchow		
Street Address 1876 New London Turnpike			Street Address 1876 New London Turnpike		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	No Par Value

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 Michael P. Andruchow	Date 02/10/2022
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Signature of Authorized Representative <i>[Handwritten signature]</i>
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MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov