

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

401.222.3040

Filing Period: January 1 - March 1 . Filing Fee: \$50.00" . THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(edd)) is 2. Name of Corporation 131799

INC.

CONSTRUCTION

3. Street Address Principal Busine	ess Office		ICTION INC	<u> </u>	_
4. Business Phone No.	DRE WAY	<del></del>	COVENTR	y Saic	<sup>Zφ</sup> 02816
401 - 225	-0625	5. State of Incorporation RHOD	E ISLAND		02016
6. Brief Description of the Character Communication of the Cha	A	ted in Rhode Island		SPACE PERSON	
MATTHEW (	C WALT	HER	Vice President Name	SPACES BEFORE USI	VG ATTACHMENTS
49 LEISURE WAY			Street Address		
COVENTRY Secretary Name	State 1	2816	GII) <sup>.</sup>	State	Zip
<u> </u>		•	Treasurer Name		••••••
Street Address			Street Address		
City	State	Zip	City.	State	
8. NAMES AND ADDRESSE	 S OF THE DIREC	TORS: ("X" ROY FOR 47			Zip
8. NAMES AND ADDRESSE  Director Name  Street Address			IACHMENT)   FILL IN Director Name	SPACES BEFORE USI	NG ATTACHMENTS
			Stroet Address		
City·	State	Zíp	City	State	72
Director Name	.)		Director Name		Zip
reci Address			Sirvei Address		
Cay	State	Ζφ	City	State	
). SHARES AUTHORIZED	1	1	10. SHARES ISSUED	("X" BOX FOR ATTAC	Zip HMENT) [
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION Number of Shares	Cluss/Series	)
			100	CARLOS OF ARE	Par value
his report must be executed out of the control of t	on behalf of the co	orporation by an authorized rporation by the receiver o	representative. If the cor r trustee.	poration is in the hand	s of a receiver or trustee,
		FILED	Under penalty of per	jury, I declare and affirm t	hat I have examined this report,
ile Date		FEB 2 5.2022	contained herein are	Panying Schedules and cha	tements, and that all statements
heck No	B\		Signature  Anth San  Print or Type Name	S C WALT	Date  Light Control  Light Control
FOR SECRETARY OF STATE	E USE ONLY			PRESIDI	=