



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

**Annual Report for the year: 2023**  
**Corporation**

RECEIVED STAMP  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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

2023 JAN -6 PM 1:48

1. Entity ID Number <b>1669205</b>		2. Exact name of the Corporation <b>Seaberg Construction Inc.</b>			
3. Principal Office Address <b>75 Railroad Ave.</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction &amp; Remodeling</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>Adam Seaberg</b>			Vice-President Name <b>Jonathan Rezendes</b>		
Street Address <b>879 Reynolds Road</b>			Street Address <b>21 Pearl St.</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
Secretary Name <b>Adam Seaberg</b>			Treasurer Name <b>Jonathan Rezendes</b>		
Street Address <b>879 Reynolds Road</b>			Street Address <b>21 Pearl St.</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</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>Adam Seaberg</b>			Director Name <b>Jonathan Rezendes</b>		
Street Address <b>879 Reynolds Road</b>			Street Address <b>21 Pearl St.</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <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>1000</b>	<b>CNP</b>	<b>.00</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. <b>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.</b>					
Name of Authorized Representative <b>Jonathan Rezendes</b>				Date <b>1.3.2023</b>	
Signature of Authorized Representative					

**FILED**

**JAN 06 2023**

BY KS

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 223-3040  
 Website: www.sos.ri.gov