



State of Rhode Island

Department of State - Business Services Division

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.

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

2023 JAN 17 P 12:06

1. Entity ID Number <b>001710088</b>		2. Exact name of the Corporation <b>Precision Carpentry and Construction Co. Inc.</b>	
3. Principal Office Address <b>28 Railroad Avenue</b>		City <b>Swansea</b>	State <b>MA</b>
		Zip <b>02777</b>	
4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>Remodel of residential dwellings.</b>		
5. State of Incorporation <b>MA</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>Kenneh Raposa</b>		Vice-President Name <b>Kenneth Raposa</b>	
Street Address <b>28 Railroad Avenue</b>		Street Address <b>28 Railroad Avenue</b>	
City <b>Swansea</b>	State <b>MA</b>	City <b>Swansea</b>	State <b>MA</b>
Zip <b>02777</b>		Zip <b>02777</b>	
Secretary Name <b>Kenneth Raposa</b>		Treasurer Name <b>Kenneth Raposa</b>	
Street Address <b>28 Railroad Avenue</b>		Street Address <b>28 Railroad Avenue</b>	
City <b>Swansea</b>	State <b>MA</b>	City <b>Swansea</b>	State <b>MA</b>
Zip <b>02777</b>		Zip <b>02777</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>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1000</b>	CLASSIFIED <b>CNP</b>
		PAR VALUE <b>0.00</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. 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 <b>Kenneth Raposa</b>		Date <b>1/14/2023</b>	
Signature of Authorized Representative <i>Kenneth Raposa</i>		<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 17 2023

BY *CTMB*  
*120701*

FORM 630 - Revised: 11/2021