RI SOS Filing Number: 202326253940 Date: 1/19/2023 4:00:00 PM



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

RECEIVED

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No. 17389	LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY/特度。  2. Exact name of the Corporation  Western-Evergreen Construction Co.Inc.				
3. Principal office address 164 Rockwood Avenue	<u> </u>		City Cranston	State R.I.	Zip 02920
4. Business Phone No. 401-640-4061			5. State of Incorporation Rhode Island		
6. Brief description of the charact Engaged in the busines	er of busines s of snow	s conducted in Rhode Island plowing		8490	,
7. LIST <u>ALL</u> OFFICERS (NAME	S AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)		
President Name Julian DeMarco Jr.			Vice-President Name Dennis DeMarco		
Street Address 164 Rockwood Avenue			Street Address 91 Hines Farm Road		
City Cranston	State R.I.	Zip <b>02920</b>	City Cranston	State R.I.	Zip <b>02921</b>
Secretary Name  Dennis DeMarco			Treasurer Name Julian DeMarco Jr		
Street Address 91 Hines Farm Road			Street Address 164 Rockwood Avenue		
City Cranston	State R.I.	Zip 02921	City Coventry	State R.I.	Zip 02920
8. LIST <u>ALL</u> DIRECTORS (NAM	ES AND AD	RESSES) ("X" BOX FOR	ATTACHMENT)	. 17.278877	,
Director Name Julian DeMarco Jr.			Director Name Dennis DeMarco		
Street Address 164 Rockwood Avenue			Street Address 91 Hines Farm Road		
City Cranston	State R.I.	Zip <b>02920</b>	City Cranston	State R.I.	Zip 02921
Director Name	<u> </u>		Director Name	1.,	·
Street Address			Street Address	<del></del>	
City	State	Zip	City	State	Zip
. SHARES AUTHORIZED		<del> 1 , , , , </del>	10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.			500	Common	No Par Value
This report must be executed on	behalf of the	corporation by an authorize st be executed on behalf of	d representative. If the collection by the re	orporation is in the hands or	of a receiver or trustee,
File Date	<del>-</del>	•	Under penalty of pe this report, includin	rjury, I declare and affirn ig any accompanying scl	nedules and statement
Check No	-	FILED	and that all stateme	ents contained herein are	true and correct.
FOR SECRETARY OF STATE (		 	Signature of Authoria	zed Representative	Daye
EOD SECRETARY OF STATE	ACE ONL JA	M T A SOS3	Julian DeMarce	Jr. President	•
FUR SECHETARY OF STATE	JSE UNLI	ne magny	. Janen Bemaiet	Joi. I legidelit	

Revised: 01/2012