



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

RECEIVED
 2023
 STATE OF RHODE ISLAND

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY PER DAY

1. Entity ID No. 17389		2. Exact name of the Corporation Western-Evergreen Construction Co.Inc.			
3. Principal office address 164 Rockwood Avenue			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 character of business conducted in Rhode Island Engaged in the business of snow plowing # 488490					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 02920	City Cranston	State R.I.	Zip 02921
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 ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 02920	City Cranston	State R.I.	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No Par Value

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
JAN 19 2023
BY ML MGTQWW

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.
 Signature of Authorized Representative *Julian DeMarco Jr.* Date *1/19/2023*
Julian DeMarco Jr. President
 Print or Type Name of Authorized Representative