RI SOS Filing Number: 202326938180 Date: 1/25/2023 4:00:00 PM

(FF)

State of Rhode Island

Annual Report for the year:

## **Department of State - Business Services Division**

23		

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED	
JAN 25 2023 BY	
BYOS	

1 Entity ID Number	2. Exact name	of the Corporation	<del></del> I				
131821	PC Construction Co.						
3. Principal Office Address			City	City		Zip	
110 Bailey Blvd.			East Gre	enwich	RI	02818	
4. NAICS Code	6. Brief descrip	otion of the charact	er of business c	onducted in Rhode Is	sland		
236200	Construction						
State of Incorporation	]						
Rhode Island							
7 List ALL officers (names and add	dresses)				the box to indi	cate an attachment 🔲	
President Name Wo Ping Chan			Vice-President Name Kwok N Chan				
Street Address 110 Bailey Blvd.			Street Address 110 Bailey Blvd.				
<sup>City</sup> east Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich		State RI	<sup>Zip</sup> 02818	
Secretary Name Wo Ping Chan	lary Name Wo Ping Chan			Treasurer Name Wo Ping Chan			
Street Address 110 Bailey Blvd.			Street Address 110 Bailey Blvd.				
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich		State RI	<sup>Zip</sup> 02818	
8. List ALL directors (names and ad	ddresses)	1		Check	the box to indi	cate an attachment	
Director Name Wo Ping Chan	Director Name						
Street Address 110 Bailey Blvd.			Street Address				
City East Greenwich	State RI	<sup>Zip</sup> 02818	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u>-</u>	State	Zip	
9 Shares Authorized	<del></del>	10 Shares Issu	ned	Check	<u>I</u> the box to indi	cate an attachment	
This information is currently of reco	rd in the	NUMBER OF SHARES		C. ASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		100		Common	ļ	•	
11. This report must be executed o	n behalf of the o	corporation by an a	uthorized repres	L sentative. If the corpo	ration is in the	hands of a receiver or	
trustee, this report must be execute	ed on behalf of t	he corporation by t	he receiver or tr	ustee.			
Under penalty of perjury, I decla statements, and that all stateme				ncluding any accom	panying sch	edules and	
Name of Authorized Representative				Date			
Wo Ping Chan, President					02/01/2023		
Signature of Authorized Represent	ative				•		

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov