

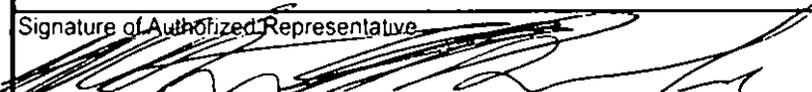


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED STAMP
FEB 07 2023
 BY 16/61
 RS

1. Entity ID Number 20467		2. Exact name of the Corporation JAMES J. O'ROURKE, INC	
3. Principal Office Address 21 PINE STREET		City WARWICK	State RI
		Zip 02888	
4. NAICS Code 238310	6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONSTRUCTING		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name WILLIAM F. O'ROURKE		Vice-President Name CHRISTOPHER W. O'ROURKE	
Street Address 39 TIMBERLINE ROAD		Street Address 111 TERRACE DRIVE	
City WARWICK	State RI	City EAST GREENWICH	State RI
Zip 02886		Zip 02818	
Secretary Name CHRISTOPHER W. O'ROURKE		Treasurer Name EDWARD F. DWYER	
Street Address 111 TERRACE DRIVE		Street Address 30 NARRAGANSETT PARKWAY	
City EAST GREENWICH	State RI	City WARWICK	State RI
Zip 02818		Zip 02886	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name WILLIAM F. O'ROURKE		Director Name CHRISTOPHER W. O'ROURKE	
Street Address 39 TIMBERLINE ROAD		Street Address 111 TERRACE DRIVE	
City WARWICK	State RI	City EAST GREENWICH	State RI
Zip 02886		Zip 02818	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASSIFICATIONS	
		PAR VALUE	
		7000	COMMON
			NO PAR
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. <i>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.</i>			
Name of Authorized Representative WILLIAM W. O'ROURKE			Date 2/1/2023
Signature of Authorized Representative 			

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