RI SOS Filing Number: 202327898320 Date: 2/7/2023 4:00:00 PM

State of Rhode Island Department of State - Business Services Division							
Annual Report for the year: 2023							
Corporation	RECEIVED D.I. BEPT. OF SYMTE FUS SYOS DAY						
→ Filing period. February 1 - I			. i. U.	SYNCE DO			
→ Filing Fee: \$50.00→ Penalty: Additional \$25.00 fe							
1. Entity ID Number	<u> </u>						
000135040	14 beley Construction CO. Inc.						
3. Principal Office Address 802 Tanatan Aug			City	Peou	State RO.	02914	
4. NAICS Code	6. Brief description	on of the character	of business of	conducted in Rhode Isl	and	,	
238160	General Conteaction, Problem & Siding						
5. State of Incorporation gotters, windows, Conference							
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment Urce-President Name				
I I I I I I I I I I I I I I I I I I I			vice-President Name				
Street Address 802 Taunton Aug			Street Address				
Erst Providence	State Q.	02914	City		State	Žip	
Secretary Name				Treasurer Name			
Street Address Same			Street Address				
City	Stale	Zıp	City		State	Zip	
8. List ALL directors (names and addresses)				Check ti	ne box to indi	cate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name		Director Name					
			Director (value				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9 Shares Authorized		10. Shares Issue			ne box to indi	cate an attachment	
This information is currently of recor Department of State.	a in the	NUMBER OF SE	ARES	CLASS/SERIES	Τ.	PAR VALUE	
Changes require an additional filing.		100	 -			\mathcal{O}	
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							
Consider and A. H I.D.							
FILED 7272							
MAIL TO: Division of Business Services FEB 0 7 2023							
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040							

Website: www.sos.ri.gov