



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

FEB 09 2023

BY *H673*
DS

1. Entity ID Number 00015472		2. Exact name of the Corporation SUPREME CONSTRUCTION INC			
3. Principal Office Address 38 PINE HILL AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAYMOND DESROCHERS			Vice-President Name RAYMOND DESROCHERS		
Street Address 38 PINE HILL AVENUE			Street Address 38 PINE HILL AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name RAYMOND DESROCHERS			Treasurer Name RAYMOND DESROCHERS		
Street Address 38 PINE HILL AVENUE			Street Address 38 PINE HILL AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		CLASS/SERIALS
			600		0.00
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 RAYMOND DESROCHERS				Date FEBRUARY 6, 2023	
Signature of Authorized Representative <i>RAYMOND DESROCHERS</i>					

MAIL TO:

Division of Business Services

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

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