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

1. Entity ID Number	2. Exact name of the Corporation
00015472	SUPREME CONSTRUCTION INC

3. Principal Office Address	City	State	Zip
38 PINE HILL AVENUE	JOHNSTON	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	GENERAL CONTRACTING SERVICE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERILS	PAR VALUE
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	Date
RAYMOND DESROCHERS	FEBRUARY 6, 2023

Signature of Authorized Representative

RAYMOND DESROCHERS

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

FORM 630 - Revised: 2/2023