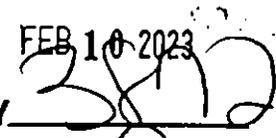




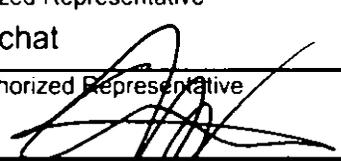
State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 10 2023
 BY 


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

1. Entity ID Number 75294		2. Exact name of the Corporation T.P. Builders, Inc.			
3. Principal Office Address 693 Somerset Avenue			City Taunton	State MA	Zip 02780
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General Contractor			
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 Thomas Pelchat			Vice-President Name Thomas Pelchat		
Street Address 693 Somerset Avenue			Street Address 693 Somerset Avenue		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
Secretary Name Thomas Pelchat			Treasurer Name Thomas Pelchat		
Street Address 693 Somerset Avenue			Street Address 693 Somerset Avenue		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Pelchat			Director Name		
Street Address 693 Somerset Avenue			Street Address		
City Taunton	State MA	Zip 02780	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/SERIES	PAR VALUE
			600	Common	\$1.00
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 Thomas Pelchat					Date 1/10/2023
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