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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

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B1-7	<u> </u>		120

Penalty: Additional \$25.0	00 fee if form is no	ot filed by May 31.			BA-75-	28		
Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
796015	Skurka (Skurka Construction, Inc.						
3. Principal Office Address			City		State	Zip '		
301 East Greenwich Ave.		West Wa	rwick	RI	02893			
4. NAICS Code	6. Brief descr	ription of the charact	ter of business o	onducted in Rhode	sisland			
238910	Construe	Construction						
5. State of Incorporation	Constitue	uon				rm.) Phi i≟.		
;RI						•		
7. List ALL officers (names and	addresses)				k the box to indi	cate an attachment 🔲		
President Name David J. Ski	urka		Vice-Presiden	^{t Name} David M.	Skurka			
Street Address 301 East Greenwich Ave.			Street Address 301 East Greenwich Ave.					
^{City} West Warwick	State RI	Z _{IP} 02893	City West V		State RI	^{Zip} 02893		
Secretary Name David M. Ski			Treasurer Name David J. Skurka					
Street Address 301 East Greenwich Ave.		Street Address 301 East Greenwich Ave.						
. <u> </u>	Tours.					17in		
City West Warwick	State RI	^{Zip} 02893	City West V	Warwick 	State RI	^{Zip} 02893		
8 List ALL directors (names an	ıd addresses)		In:		ck the box to ind	icate an attachment		
Director Name 7 David J. Skurka		Director Name David M. Skurka						
Street Address 301 East Greenwich Ave.		Street Address 301 East Greenwich Ave.						
City West Warwick	State RI	^{Z_{iP}} 02893	City West		State RI	^{Zip} 02893		
Director Name		•	Director Name	9				
Street Address		Street Address						
City	State	Zip	City	u <u>-</u>	State	Zip		
9. Shares Authorized		10. Shares Iss	ued	Che	ck the box to ind	icate an attachment		
This Information is currently of a Department of State.	ecord in the	NUMBER OF	F SHARES CLASS/SERIES		RIES	PAR VALUE		
	1000		CNP			.00		
Changes require an additional fi	ling.		- · · -			: *		
11. This report must be execut					poration is in the	e hands of a receiver or		
trustee, this report must be exe Under penalty of perjury, I de					omnanving sch	 nodules and		
statements, and that all state				menduling any acc	ompanying sen	edares uno		
Name of Authorized Represen	tative				Date	210		
David J. Skurka				3/23				
Signature of Authorized Repre	sentative							
Jan Il						1944		
MAIL TO:						# *** ****		

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Rhone: (401) 222-3040

Website: www.sos.ri.gov