



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 10 2023
 20196 *Q*

- 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 110478		2. Exact name of the Corporation PRIME GENERAL CONTRACTING INC			
3. Principal Office Address 6104 PHEASANT RIDGE DRIVE		City PORT ORANGE		State FL	Zip 32128
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE GENERAL CONTRACTING SERVICES TO THE CONSTRUCTION INDUSTRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT MAURO			Vice-President Name SAME		
Street Address 6104 PHEASANT RIDEG DRIVE			Street Address		
City PORT ORANGE	State FL	Zip 32128	City	State	Zip
Secretary Name SAME			Treasurer Name		
Street Address			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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		PAR VALUE
			CLASS/SERIES		
			100	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 SCOTT MAURO, PRESIDENT				Date X 2/27/23	
Signature of Authorized Representative <i>Scott Mauro</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov