



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2023**

MAR 14 2023  
 BY 68005

**Corporation**

- 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 <b>001682572</b>		2. Exact name of the Corporation <b>Henry M. Osowiecki &amp; Sons, Inc.</b>			
3. Principal Office Address <b>48 Clay Street</b>			City <b>Thomaston</b>	State <b>CT</b>	Zip <b>06787</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a construction company and do all things incidental thereto.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Caroline R. Osowiecki</b>			Vice-President Name <b>Henry M. Osowiecki</b>		
Street Address <b>48 Clay Street</b>			Street Address <b>Same as President</b>		
City <b>Thomaston</b>	State <b>CT</b>	Zip <b>06787</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Caroline R. Osowiecki</b>			Director Name <b>Anthony R. Lauretano</b>		
Street Address <b>350 Walnut Hill Road</b>			Street Address <b>157 Thomaston Road</b>		
City <b>Thomaston</b>	State <b>CT</b>	Zip <b>06787</b>	City <b>Morris</b>	State <b>CT</b>	Zip <b>06763</b>
Director Name <b>HENRY III OSOWIECKI</b>			Director Name		
Street Address <b>350 WALNUT HILL ROAD</b>			Street Address		
City <b>THOMASTON</b>	State <b>CT</b>	Zip <b>06787</b>	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>100</b>	<b>CNP</b>	<b>\$0.00</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Caroline R. Osowiecki</b>					Date <b>02/20/2023</b>
Signature of Authorized Representative 					