



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023

MAR 14 2023
 BY 68005
 [Signature]

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 001682572		2. Exact name of the Corporation Henry M. Osowiecki & Sons, Inc.			
3. Principal Office Address 48 Clay Street			City Thomaston	State CT	Zip 06787
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To own and operate a construction company and do all things incidental thereto.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Caroline R. Osowiecki			Vice-President Name Henry M. Osowiecki		
Street Address 48 Clay Street			Street Address Same as President		
City Thomaston	State CT	Zip 06787	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 Caroline R. Osowiecki			Director Name Anthony R. Lauretano		
Street Address 350 Walnut Hill Road			Street Address 157 Thomaston Road		
City Thomaston	State CT	Zip 06787	City Morris	State CT	Zip 06763
Director Name HENRY III OSOWIECKI			Director Name		
Street Address 350 WALNUT HILL ROAD			Street Address		
City THOMASTON	State CT	Zip 06787	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
		100		CNP	\$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 Caroline R. Osowiecki					Date 02/20/2023
Signature of Authorized Representative <i>Caroline R. Osowiecki</i>					

MAIL TO:
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