



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

Corporation

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

RECEIVED  
 R.I. DEPT. OF STATE  
 FOR SECRETARY OF STATE  
 USE ONLY

2023 MAR 11 12:00

1. Entity ID Number <b>115966</b>		2. Exact name of the Corporation <b>Ptaszek Construction, Inc.</b>			
3. Principal Office Address <b>21 Tiger Lily Trail</b>			City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>To offer, provide, sell and otherwise deal in construction services to the public</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Joseph Ptaszek</b>			Vice-President Name		
Street Address <b>21 Tiger Lily Trail</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Secretary Name <b>Joseph Ptaszek</b>			Treasurer Name		
Street Address <b>21 Tiger Lily Trail</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100 Common Shares with 1 Par Value</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.					
<i>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.</i>					
Name of Authorized Representative <b>Joseph Ptaszek</b>				Date <b>2/27/23</b>	
Signature of Authorized Representative <i>Joseph Ptaszek</i>					

FILED

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAR 14 2023  
 BY ML 96C 4D