| State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office | | | | | | |
|---|--|--|--|--|--|--|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | | | | |
| Foreign Business Corporation Annual Report Filing Period: February 1 - May 1 | | | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. | | | | | | |
| ANNUAL REPORT YEAR: 2023 | | | | | | |
| 1. Corporate ID No. 001721331 | | | | | | |
| 2. Name of Corporation R.J. McClarren Co., Inc. | | | | | | |
| 3. Street Address Principal Business Office: | | | | | | |
| No. and Street: <u>315 DIVISION RD</u> | | | | | | |
| City or Town:WESTPORTState: MAZip: 02790Country: USA | | | | | | |
| 4. Business Phone No. | | | | | | |
| 5. State of Incorporation | | | | | | |
| State: <u>MA</u> | | | | | | |
| ARTICLE III | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | | | |
| <u>238350</u> | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | |
| TO BID ON WORK OR PERFORM LABOR ONLY AS A SUB CONTRACTOR. TO INSTALL FINISHED MILLWORK IN RI | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | |
| All officers and directors must be listed. | | | | | | |

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country | |
|---------------|--|--|--|
| PRESIDENT | ROBERT J MCCLARREN | 315 DIVISION ROAD WESTPORT, MA 02790 USA | |
| OTHER OFFICER | DEBRA MCCLARREN | 315 DIVISION ROAD WESTPORT, MA 02790 UNI | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per | | Total Issued and |
|----------------|-----------------|---------------|------------------|---------------------|
| | | Share | Total Authorized | Outstanding |
| | | | Shares | Num of |
| | | | Number of Shares | Shares |
| CNP | | \$0.0000 | 100.00 | 0 |

9. 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.

Signed this 21 Day of March, 2023 at 2:45:07 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DEBRA MCCLARREN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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