State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

→ Filing period: February 1 - May 1

→ Filing Fee. \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 2 7 2023

106 02

Entity ID Number	2. Exact name of the Corporation								
001737227 PIOTR S CONSTRUCTION INC									
Principal Office Address					City			Zıp	
29 VICTORY BLVD				1 '	ONSOCKET			02895	
4 NAICS Code	6. Brief descript	Brief description of the character of business conducted in Rhode Island						1 02033	
238900									
5. State of Incorporation									
RI RESIDENTIAL & COMMERCIAL									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name					Vice-President Name				
PIOTR SZUMLANSKI									
Street Address				Street Address					
29 VICTORY BLVD									
City	State	Zıç)	City	·	State		Zip	
WOONSOCKET	RI		2895						
Secretary Name					Treasurer Name				
PIOTR SZUMLANSKI				PIOTR SZUMLANSKI					
Street Address				Street Address					
29 VICTORY BLVD				29 VICTORY BLVD					
City	State	Zip)	City		State		Zip	
WOONSOCKET	RI	0	<u> 12895</u>	WOONSOCKET		RI		02895	
B. List ALL directors (names and addresses)					Check the box to indicate an attachment				
Director Name					Director Name				
PIOTR SZUMLANSKI									
Street Address					Street Address				
29 VICTORY BLVD	. <u> </u>	ļ							
City	State Zip		City		State		Zıp		
WOONSOCKET	RI	02895							
Director Name				Director Name					
Street Address					Street Address				
3.00.7.00				י אוובפי העטובאא					
City State Zi		Zip	· · · · · · · · · · · · · · · · · · ·	City .	City		I	Zip	
1				",		0.5.0		- - p	
9. Shares Authorized			10. Shares Issued Check th			ck the box	ne box to indicate an attachment		
This information is currently of record in the NUMBER OF								PAR VALUE	
Department of State.			100		CNP		0		
Changes require an additional filing.							Î		
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							Date 03	129/2023	
Signature of Authorized Represer				·		1		/ 	
PIOTR SZUMLANSK							·	,	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov