



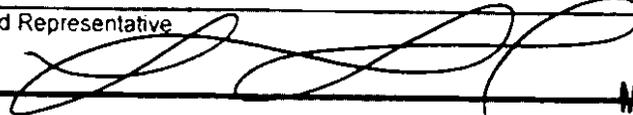
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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2023 MAR 29 A 10:52

- 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 147392		2. Exact name of the Corporation EPK Construction Services, Inc.			
3. Principal Office Address 49 CEDAR SWAMP ROAD, UNIT 10			City SMITHFIELD	State RI	Zip 02917
4 NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island To provide construction services including but not limited to asphalt paving of residential and commercial properties.			
5 State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eric T. Jeffrey			Vice-President Name Trisha Jeffrey		
Street Address 49 Cedar Swamp Road, Unit 10			Street Address 49 Cedar Swamp Road, Unit 10		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Eric T. Jeffrey			Treasurer Name Eric T. Jeffrey		
Street Address 49 Cedar Swamp Road, Unit 10			Street Address 49 Cedar Swamp Road, Unit 10		
City Smithfield	State RI	Zip 02914	City Smithfield	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eric T. Jeffrey			Director Name NONE		
Street Address 49 Cedar Swamp Road, Unit 10			Street Address		
City Smithfield	State RI	Zip 02914	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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
			100		Common
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 Trisha Jeffrey, Vice President					Date 3/17/23
Signature of Authorized Representative 					FILED 1552
MAR 29 2023					
BY 155					

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