



State of Rhode Island

Department of State - Business Services Division

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 BUS SVCS DIV

2023 APR 10 PM 3:33

Annual Report for the year: 2023

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 141241 | | 2. Exact name of the Corporation Mark D. Taft, Building and Restoration Company, Inc. | | | |
| 3. Principal Office Address 19 Bliss Mine Road | | City Middletown | | State RI | Zip 02842 |
| 4. NAICS Code 236118 | 6. Brief description of the character of business conducted in Rhode Island Building and Restoration. | | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Mark D. Taft | | Vice-President Name | | | |
| Street Address 19 Bliss Mine Road | | Street Address | | | |
| City Middletown | State RI | Zip 02842 | 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 Mark D. Taft | | Director Name | | | |
| Street Address Same as above. | | 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. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Changes require an additional filing. | | NUMBER OF SHARES 1,000 | CLASS/SERIES Common | PAR VALUE No Par Value | |
| 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 Mark D. Taft | | | | Date April 5, 2023 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

APR 10 2023

BY: IVH7Q

FORM 630 - Revised: 2/2023

3/17/2023, 2:08 PM