



State of Rhode Island
Department of State - Business Services Division

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.

STAMP
RECEIVED FOR REGISTRATION
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 25 A 10 04

1. Entity ID Number 000088904		2. Exact name of the Corporation SUGRUE AND ASSOCIATES, INC.			
3. Principal Office Address 9 THURBER BLVD., SUITE A			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 541370		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING			
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 MICHAEL P. SUGRUE			Vice-President Name MICHAEL P. SUGRUE		
Street Address 1038 HARTFORD PIKE			Street Address 1038 HARTFORD PIKE		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI	Zip 02857
Secretary Name MICHAEL P. SUGRUE			Treasurer Name MICHAEL P. SUGRUE		
Street Address 1038 HARTFORD PIKE			Street Address 1038 HARTFORD PIKE		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI	Zip 02857
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 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/STRIKES	PAR VALUE
			50	COMMON	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 MICHAEL P. SUGRUE, PRESIDENT				Date 4-5-23	
Signature of Authorized Representative 					

MB FILED 1004

APR 26 2023
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MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY _____