



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.

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|--|-------------|--|---|----------------|--------------|
| 1 Entity ID Number 000072103 | | 2 Exact name of the Corporation T J F CONTRACTORS, INC. | | | |
| 3. Principal Office Address 1481 BROAD ROCK ROAD | | | City WAKEFIELD | State RI | Zip 02879 |
| 4. NAICS Code 236115 | | 6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION, GENERAL CONTRACTING | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name THOMAS FUIMARELLO | | | Vice-President Name NONE | | |
| Street Address 1481 BROAD ROCK ROAD | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | City | State | Zip |
| Secretary Name THOMAS FUIMARELLO | | | Treasurer Name THOMAS FUIMARELLO | | |
| Street Address 1481 BROAD ROCK ROAD | | | Street Address 1481 BROAD ROCK ROAD | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name THOMAS FUIMARELLO | | | Director Name NONE | | |
| Street Address 1481 BROAD ROCK ROAD | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | 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 | | PAR VALUE |
| | | | 100 | 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 THOMAS FUIMARELLO | | | | Date 5/1/23 | |
| Signature of Authorized Representative <i>Thomas J Fuimarello</i> | | | | | |

MAIL TO:

Division of Business Services

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