



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAY 17 2023
BY 13584

1. Entity ID Number 000150622		2. Exact name of the Corporation PHOENIX BAY STATE CONSTRUCTION CO., INC.	
3. Principal Office Address 79 Shirley Street		City Boston	State MA
		Zip 02119	
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry Construction, Masonry Renovations, Maonry Restoration, Air/Vapor Barrier	
5. State of Incorporation MASSACHUSETTS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert J. Asmar		Vice-President Name None	
Street Address 101 Captain Pierce Road		Street Address	
City Scituate	State MA	City	State
	Zip 02066		Zip
Secretary Name Matthew Brown		Treasurer Name Richard Locke	
Street Address 640 Lincoln Street		Street Address 640 Lincoln Street	
City Worcester	State MA	City Worcester	State MA
	Zip 01605		Zip 01605
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Richard Locke		Director Name Matthew Brown	
Street Address 640 Lincoln Street		Street Address 640 Lincoln Street	
City Worcester	State MA	City Worcester	State MA
	Zip 01605		Zip 01605
Director Name David Klein, CEO		Director Name None	
Street Address 640 Lincoln Street		Street Address	
City Worcester	State MA	City	State
	Zip 01605		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 6,250	CLASS/SERIES STK
		PAR VALUE None	
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 Robert J. Asmar, President		Date 5/11/23	
Signature of Authorized Representative <i>Robert J. Asmar</i>		SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov