



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

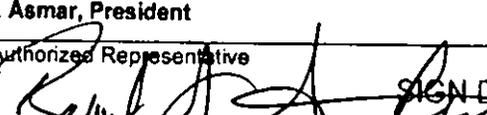
FILED

Annual Report for the year: 2023
Corporation

MAY 17 2023

BY 13584

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

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, Masonry 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	Zip 02066	City	State	Zip
Secretary Name Matthew Brown			Treasurer Name Richard Locke		
Street Address 640 Lincoln Street			Street Address 640 Lincoln Street		
City Worcester	State MA	Zip 01605	City Worcester	State MA	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	Zip 01605	City Worcester	State MA	Zip 01605
Director Name David Klein, CEO			Director Name None		
Street Address 640 Lincoln Street			Street Address		
City Worcester	State MA	Zip 01605	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/SERIS
			PAR VALUE		
			6,250	STK	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 				SIGN DOCUMENT HERE	

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