



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.

FILED

JUN 01 2023

BY

1506 Jd

1. Entity ID Number 54310		2. Exact name of the Corporation E.R.G. CARPENTRY, INC.			
3. Principal Office Address 144 BELL AVENUE		City RIVERSIDE		State RI	Zip 02915
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE CARPENTRY AND CONSTRUCTION ON A RESIDENTIAL, COMMERCIAL, AND INDUSTRIAL BASIS			
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 EDWARD R. GEOFFREY			Vice-President Name SAME		
Street Address 144 BELL AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 EDWARD R. GEOFFREY			Director Name		
Street Address 144 BELL AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 CLASS/SERIES PAR VALUE		
			100 COMMON NPV		
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 EDWARD GEOFFREY				Date 5/29/23	
Signature of Authorized Representative <i>Edward Geoffrey</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised 11/2021