



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JUN 28 P 12:05

1. Entity ID Number 000799485		2. Exact name of the Corporation American Construction Corporation	
3. Principal Office Address 3 Mount Pleasant Drive		City Peabody	State MA
		Zip 01960	
4. NAICS Code 236220	6. Brief description of the character of business conducted in Rhode Island General Contractor		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mary E Coburn		Vice-President Name Patrick M Coburn	
Street Address 6 Pranker Rd.		Street Address 6 Pranker Rd.	
City Saugus	State MA	City Saugus	State MA
Zip 01906		Zip 01906	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kayla Nassar		Director Name Patrick J Coburn	
Street Address 52 Winding Oaks Way		Street Address 21 Arrowhead Rd.	
City Boxford	State MA	City Topsfield	State MA
Zip 01921		Zip 01983	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	CNP
			0
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 Kayla Nassar		Date 06/27/23	
Signature of Authorized Representative 			

FILED

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

JUN 28 2023

BY
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FORM 630 - Revised: 2/2023