



State of Rhode Island

Department of State - Business Services Division

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2023 SEP 14 PM 12:05 **STAMP**

FOR
SECRETARY OF STATE
USE ONLY

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 000031803	2. The name of the corporation is: Promac Incorporated
3. The document to be corrected is: Annual Report Year 2023 Form 630	4. The date the document being corrected was originally filed: 4.3.2023
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: President: Anthony A Geruso, President <div style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></div>	
6. The new corrected portion of the document states as follows: President: Anthony T Geruso, President <div style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></div>	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov


FILED

SEP 14 2023

12:05pm

STAMP
BY LKS GRQVW

SECRETARY OF STATE
USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer of the Corporation Maureen J Myette, Treasurer	<div>RECEIVED SECRETARY OF STATE CORPORATIONS DIV</div> <div>2023 SEP 14 PM 12:11 08.30.2023</div>
Signature of Authorized Officer of the Corporation 	



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
SECRETARY OF STATE
CORPORATIONS DIV

2023 SEP 14 PM 12:11

1. Entity ID Number 00031803		2. Exact name of the Corporation Promac Incorporated		
3. Principal Office Address 23 Clinton Street		City Woonsocket	State RI	Zip 02895
4. NAICS Code 236220	6. Brief description of the character of business conducted in Rhode Island Development and construction of real estate, buying and selling realty.			
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 Anthony T Geruso		Vice-President Name Gregory M Geruso		
Street Address 262 Anawan Street		Street Address 5804 Post Road, Unit 3		
City Rehoboth	State MA	Zip 02769	City East Greenwich	State RI
Secretary Name Joanne R Geruso		Treasurer Name Maureen J Myette		
Street Address 486 Boston Neck Road		Street Address 29 New York Avenue		
City Narragansett	State RI	Zip 02882	City Cumberland	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Anthony A Geruso		Director Name		
Street Address 486 Boston Neck Road		Street Address		
City Narragansett	State RI	Zip 02882	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 600	CLASS/SERIES CNP	PAR VALUE \$0.00
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 Maureen J Myette				Date 8.29.2023
Signature of Authorized Representative <i>Maureen J Myette</i>				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 04/2023