State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

SEP 2 1 2023

1 FAIL SAIS	2. Exact name of		•							
100000	[NDUSTR]	[AL	TURNAROUN	O CORI	PORATION					
3. Principal Office Address		_		City			State	Zip		
13141 N. ENON CHURCH ROAD  4. NAICS Code 6. Brief description of the character of bus					CHESTER			23836		
	6 Brief description of the character of business conducted in Rhode Island									
541330 5 State of Incorporation	┪									
·	1									
VA INDUST. DESIGN/BUILD										
7. List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name Steve Gordon					Vice-President Name					
Street Address  13141 N ENON (NUCLI Kd  City (1 State ) A Zip 2636					Street Address					
Christian Christian	State VA	Zip	2836	City	State		Zip			
Secretary Name				Treasurer Name						
Street Address				Street Address						
City	State Zip			City		State		Zip		
8. List ALL directors (names and	l	Cho	ck the hou	to indica	uto an attachment	Т				
Director Name				Check the box to indicate an attachment  Director Name						
Street Address				Street Address						
City	State	Zip		City		State				
								- <b>F</b>		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zip		City		State		Zíp		
9. Shares Authorized			10. Shares Issued		Che	ck the box	to indica	te an attachment	П	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIE				PAR VALUE			
			<u> </u>	7600		·	1			
Changes require an additional filing.										
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 Regresentative										
in the					Date 9/12/2022					
Signature of Authorized Representative DANIEL J. LOFTIS							-//-/	7205		
DIMITINE OF BOLKIN	<del></del>		<del>-</del> -							

## MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos ri.gov