



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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2023 OCT -5 P 12:07

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | |
|---|--------------------|---|------------------------|
| 1. Entity ID Number <u>001747825</u> | | 2. Exact name of the Corporation <u>Ultimate Construction Corp</u> | |
| 3. Principal Office Address <u>26 Marigold Dr</u> | | City <u>Warwick</u> | State <u>RI</u> |
| 4. NAICS Code <u>236118</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Residential Construction</u> | |
| 5. State of Incorporation <u>RI</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Jason Corvese</u> | | Vice-President Name | |
| Street Address <u>26 Marigold Dr</u> | | Street Address | |
| City <u>Warwick</u> | State <u>RI</u> | City | State |
| Zip <u>02889</u> | | Zip | |
| 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 | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 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. | | NUMBER OF SHARES | CLASS/SERIES |
| Changes require an additional filing. | | <u>1</u> | <u>0.0100</u> |
| 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 <u>Jason Corvese</u> | | | Date <u>10/5/23</u> |
| Signature of Authorized Representative | | | |

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

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