



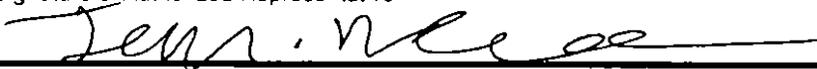
State of Rhode Island
Department of State - Business Services Division

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 NOV 24 A 11:01

1. Entity ID Number 001747659		2. Exact name of the Corporation Mac's Demolition Inc			
3. Principal Office Address 27 WASHBURN AVENUE, 1ST FLOOR			City RUMFORD	State RI	Zip 02916
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island General contractor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tyron Mitchell			Vice-President Name		
Street Address 27 Washburn Ave			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name			Treasurer Name		
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 Tyron Mitchell			Director Name		
Street Address 27 Washburn Ave			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		PAR VALUE
			100		0.100
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 TYRON MITCHELL				Date 11/24/2023	
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

NOV 24 2023
BY ML 812 CLK
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FORM 630. Revised 04/2023