



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

DEC 18 2023

BY

1. Entity ID Number 1669205		2. Exact name of the Corporation Seaberg Construction Inc.	
3. Principal Office Address 75 Railroad Ave.		City Johnston	State RI
		Zip 02919	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Construction & Remodeling		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Adam Seaberg		Vice-President Name Jonathan Rezendes	
Street Address 879 Reynolds Road		Street Address 21 Pearl St.	
City Chepachet	State RI	City Manville	State RI
Zip 02814		Zip 02838	
Secretary Name Adam Seaberg		Treasurer Name Jonathan Rezendes	
Street Address 879 Reynolds Road		Street Address 21 Pearl St.	
City Chepachet	State RI	City Manville	State RI
Zip 02814		Zip 02838	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Adam Seaberg		Director Name Jonathan Rezendes	
Street Address 879 Reynolds Road		Street Address 21 Pearl St.	
City Chepachet	State RI	City Manville	State RI
Zip 02814		Zip 02838	
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 ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1000	CNP
			.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 Jonathan Rezendes			Date 12.14.2023
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.n.gov