State of Rhode Island
Department of State - Business Services Division

FILED
DEC 18 2023
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
1669205	Seaberg Construction Inc.			
3. Principal Office Address		City	State	Zip
75 Railroad Ave.		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	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	Zip: 02814	City: Manville	State: RI	Zip: 02838
Secretary Name: Adam Seaberg			Treasurer Name: Jonathan Rezendes		
Street Address: 879 Reynolds Road			Street Address: 21 Pearl St.		
City: Chepachet	State: RI	Zip: 02814	City: Manville	State: RI	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	Zip: 02814	City: Manville	State: RI	Zip: 02838
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	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	Date
Jonathan Rezendes	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.ri.gov

FORM 630 - Revised: 11/2021