



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.

RECEIVED
STATE DEPT. OF STATE
BUSINESS SERVICES DIVISION

2024 JAN 26 P 2:26

1. Entity ID Number 516081		2. Exact name of the Corporation Vertex Construction Inc			
3. Principal Office Address 45 Dan Road Suite 350			City Canton	State MA	Zip 02021
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Window Shade Installations			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brianna Goodwin			Vice-President Name Jonathan Harrington		
Street Address 45 Dan Rd Suite 350			Street Address 45 Dan Rd Suite 350		
City Canton	State MA	Zip 02021	City Canton	State MA	Zip 02021
Secretary Name Jonathan Harrington			Treasurer Name Brianna Goodwin		
Street Address 45 Dan Rd Suite 350			Street Address 45 Dan Rd Suite 350		
City Canton	State MA	Zip 02021	City Canton	State MA	Zip 02021
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brianna Goodwin			Director Name		
Street Address 45 Dan Rd Suite 350			Street Address		
City Canton	State MA	Zip 02021	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		CLASS/SERIES
			15000		ONP
					PAR VALUE
					0.01
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 Brianna Goodwin					Date 1/26/2024
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

2:28

FILED
JAN 26 2024
BY: ML OGIBPV