



State of Rhode Island
Department of State - Business Services Division

STAMP

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
FOR SECRETARY OF STATE
USE ONLY

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
		PAR VALUE	
		15000	ONP
			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 			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

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JAN 26 2024

BY ML OGBPV