



**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**

JAN 26 2024

CV 2024

1. Entity ID Number <b>000073238</b>		2. Exact name of the Corporation <b>R.J. Mansour, Inc.</b>			
3. Principal Office Address <b>One Magnolia Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>332221</b>		6. Brief description of the character of business conducted in Rhode Island <b>JOB SHOP, MACH.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Mansour</b>			Vice-President Name <b>JoAnne Mansour</b>		
Street Address <b>87 North Hull Street</b>			Street Address <b>87 North Hull Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		500 No Par Value		No Par Value	
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 <b>Robert Mansour</b>				Date <b>1/22/2024</b>	
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