



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 JAN 26 2 1:56

1. Entity ID Number <b>000056334</b>		2. Exact name of the Corporation <b>ALBERT CONSTRUCTION, INC.</b>	
3. Principal Office Address <b>239 North Road, P.O. Box #14</b>		City <b>HOPKINTON</b>	State <b>R.I.</b>
4. NAICS Code <b>238170</b>		6. Brief description of the character of business conducted in Rhode Island <b>RESIDENTIAL EXTERIOR SIDING &amp; Trim New And existing</b>	
5. State of Incorporation <b>R.I.</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>ALLAN D. SOWINSKI</b>		Vice-President Name <b>NONE</b>	
Street Address <b>P.O. BOX 14, 239 North Rd</b>		Street Address	
City <b>HOPKINTON</b>	State <b>R.I.</b>	City	State
Zip <b>02833</b>			
Secretary Name <b>NONE</b>		Treasurer Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>2,000</b>	CLASS/SERIES <b>0</b>
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. <b>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.</b>			
Name of Authorized Representative <b>ALLAN SOWINSKI</b>		Date <b>1/26/2024</b>	
Signature of Authorized Representative <b>Allan Sowinski</b>		FILED <b>157</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 26 2024

BY **VPVXC**