



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

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- 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<br><b>000056334</b>   |                      | 2. Exact name of the Corporation<br><b>ALBERT CONSTRUCTION, INC.</b>  |                                    |  |  |
| 3. Principal Office Address<br><b>239 North Road, P.O. Box #14</b>  |                      | City<br><b>HOPKINTON</b>  | State<br><b>R.I.</b>               | Zip<br><b>02833</b>  |  |
| 4. NAICS Code<br><b>238170</b>  |                      | 6. Brief description of the character of business conducted in Rhode Island<br><b>RESIDENTIAL EXTERIOR SIDING &amp; Trim<br/>New and existing</b> |                                    |  |  |
| 5. State of Incorporation<br><b>R.I.</b>  |                      |   |                                    |  |  |
| 7. List ALL officers (names and addresses)  |                      |   |                                    |  | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>ALLAN D. SOWINSKI</b>  |                      |   | Vice-President Name<br><b>NONE</b> |  |  |
| Street Address<br><b>P.O. BOX 14, 239 North Rd</b>  |                      |   | Street Address                     |  |  |
| City<br><b>HOPKINTON</b>  | State<br><b>R.I.</b> | Zip<br><b>02833</b>   | City                               | State  | Zip  |
| Secretary Name<br><b>NONE</b>   |                      |   | Treasurer Name<br><b>NONE</b>      |  |  |
| Street Address  |                      |   | Street Address                     |  |  |
| City  | State                | Zip   | City                               | State  | Zip  |
| 8. List ALL directors (names and addresses)   |                      |   |                                    |  | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name<br><b>NONE</b>  |                      |   | Director Name<br><b>NONE</b>       |  |  |
| Street Address  |                      |   | Street Address                     |  |  |
| City  | State                | Zip   | City                               | State  | Zip  |
| Director Name<br><b>None</b>  |                      |   | Director Name<br><b>None</b>       |  |  |
| 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.<br>Changes require an additional filing.  |                      | NUMBER OF SHARES  |                                    | CLASS/SERIES   |  |
|   |                      | PAR VALUE   |                                    |  |  |
|   |                      | <b>2,000</b>  |                                    | <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<br><b>ALLAN SOWINSKI</b>  |                      |   |                                    | Date<br><b>1/26/2024</b>   |  |
| Signature of Authorized Representative<br><i>Allan Sowinski</i>   |                      |   |                                    | FILED <b>157</b>   |  |

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

JAN 26 2024  
BY **VPVXC**