State of Rhode Island Department of State - Business Services Division JAN 3 1 2024							
Annual Report for the year:	2024			.	ے ، د ۱۱۱۲ ر می		
Corporation -	· · · · · · · · · · · · · · · · · · ·			l _e i	1250	2 82	
Filing period: February 1 - Filing Fee: \$50.00	→ Filing period: February 1 - May 1 → Filing Fee: \$50.00						
→ Penalty: Additional \$25.00 f	Penalty: Additional \$25.00 fee if form is not filed by May 31.						
1. Entity ID Number							
41357							
3. Principal Office Address					State	Zip	
79 Small Pox T			W. King		RI	02892	
4. NAICS Code							
236118 Remodeling and Repairs							
b. State of incorporation							
R I							
7. List ALL officers (names and addresses) President Name Vice-President Name						an attachment	
Wm F Rose			wm F Rose				
Street Address			Street Address				
79 Small Pox City W. Kingston	TState	Zip	City		IState]Zip	
	RE	01892					
Secretary Name Treasurer Name							
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name	Director Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name		<u>.l</u>	Director Name		<u> </u>		
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized / 00	<u></u>	10. Shares Issue	d NONE	Check the hou	to indicate	an attachment	
This information is currently of recor		NUMBER OF SH		CLASS/SERIES	(to indicate	PAR VALUE	
Department of State.		None	,			None_	
Changes require an additional filing.					7,7,5		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 Date							
White F Rosa					2-1-24		
Signature of Authorized Representative							
William F Rose Signature of Authorized Representative William F Rose 2-1-24							

RI SOS Filing Number: 202445122600 Date: 1/31/2024 4:00:00 PM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov