



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
24 FEB 1 AM 10:52:18

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.

1. Entity ID Number 001691853		2. Exact name of the Corporation Construct RI CO			
3. Principal Office Address 25 HIGH VIEW DR.			City CRANSTON	State RI	Zip 02921
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL REMODELING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEITH LHEUREUX			Vice-President Name		
Street Address 25 HIGH VIEW DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
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 <input type="checkbox"/>					
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 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
		0			0
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 KEITH LHEUREUX				Date 02/01/2024	
Signature of Authorized Representative 				FILED FEB 01 2024 BY ML 52 NH	

MAIL TO:
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Website: www.sos.ri.gov