RI SOS Filing Number: 202445582800 Date: 2/1/2024 4:00:00 PM

State of Rhode Isla							
	tate - Business Services Division				filed.		
Annual Report for the year: Corporation					FEB 0 1 2024		
→ Filing period: February 1 - May 1 → Filing Fee: \$50,00					and of	(121 79	
Penalty: Additional \$25.00	) fee if form is no	ot filed by May 31.			/ <b>9</b>	7.21	
Entity ID Number	2. Exact nam	e of the Corporation	1	·			
19473	E. F. O'	DONNELL &	SONS	CO.			
Principal Office Address			City		State	Zip	
75 Dike Street				dence	RI	02909	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in					
238320	_ General բ	General painting, refinishing and decorating work o					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and ad	dresses)						
President Name Robert E. O'Donnell				Check the box to indicate an attachment			
Street Address				Judith K. O'Donnell			
75 Dike Street				Street Address 75 Dike Street			
Providence	State RI	<sup>Zip</sup> 02909		vidence	State RI	Zip 02909	
Secretary Name Judith K. O'Donnell			Treasurer	Treasurer Name Robert E. O'Donnell			
Street Address 75 Dike Street			Street Add	Street Address 75 Dike Street			
City Providence	State RI	<sup>Zip</sup> 02909	City Providence		State RI	<sup>Zip</sup> 02909	
List ALL directors (names and addresses)				Check th	ne box to indicate ar		
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name None			Director N	Director Name None			
Street Address			Street Add	Street Address			
City.							
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Check th	ne box to indicate a	n attachment 🔲	
This information is currently of reco Department of State.	ord in the	3 3/4	SHARFS	CLASS/SE		PAR VALUE	
Changes require an additional filing.		3 3/4		Common	No F	oar ————	
					· <del></del>		
<ol> <li>This report must be executed of ceiver or trustee, this report must t</li> </ol>	on behalf of the o be executed on b	corporation by an au	uthorized rep	presentative. If the co	proporation is in the h	nands of a re-	
Under penaity of perjury, i d <del>ecl</del> a <u>st</u> atements, and that all stateme	ere and affirm th ents contained h	iat i have examine	d this repoi	rt, including any acc	companying sched	dules and	
Name of Authorized Representativ	re \				Date		
Robert E. O'Donnell		. <u>.                                   </u>			1-3	1-2024	
Signature of Authorized Represent	tative						
MAIL TO:			<del></del>	<del></del>			

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov