



State of Rhode Island
Department of State - Business Services Division

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

FEB 02 2024

29014 02

1. Entry ID Number 1333		2. Exact name of the Corporation Brian R Arnold Construction., Inc												
3. Principal Office Address 18 Tews Court			City Newport	State RI	Zip 02840									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Residential Construction												
5. State of incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Brian R Arnold			Vice-President Name											
Street Address 56 Poplar Street			Street Address											
City Newport	State RI	Zip 02840	City	State	Zip									
Secretary Name			Treasurer Name Brian R Arnold											
Street Address			Street Address 56 Poplar Street											
City	State	Zip	City Newport	State RI	Zip 02840									
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>common</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS SERIES	PAR VALUE	500	common				
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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 BRIAN R ARNOLD				Date 1/31/2024										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos-ri.gov