State of Rhode Island

Department of State - Business Services Division

FILED

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 no | ot filed by May 31. | | | | | | |
|---|--|----------------------|----------------|-------------------------------------|--------------------|--------------------|--|--|
| Entity ID Number | 2. Exact name of the Corporation | | | | | | | |
| 000271170 | Pawtucket Asphalt Corporation | | | | | | | |
| Principal Office Address | | | City | City State Zip | | | | |
| 1331 Main Street | in Street | | | Warwick | RI | 02893 | | |
| 4. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 7310 | Production of Asphalt | | | | | | | |
| 5 State of Incorporation |] | | | | | | | |
| Rhode Island | <u> </u> | | | | | | | |
| List ALL officers (names and ac | ldresses) | | | | the box to indicat | e an attachment 🗆 | | |
| President Name Jeffrey Joaquin | | | | Vice-President Name Matthew Joaquin | | | | |
| Street Address 36 Fiume Street | | | Street Add | Street Address 36 Fiume Street | | | | |
| City West Warwick | State RI | ^{Zip} 02893 | City We: | City West Warwick | | Zip 02893 | | |
| Secretary Name | · • | • | Treasurer Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | City | | Zip | | |
| 8. List ALL directors (names and a | iddresses) | · -·· - -l | | Check | the box to indicat | e an attachment 🔲 | | |
| Director Name | | | Director N | | | | | |
| Street Address | | | Street Add | iress | | | | |
| City | State | Zip | City | | State | Zip | | |
| Director Name | ame | | | | | | | |
| Street Address | | | | Street Address | | | | |
| City | State | Zıp | City | City | | Zip | | |
| 9. Shares Authorized | <u> </u> | 10. Shares Issu | led. | Check | the box to indicat | le an attachment 🔲 | | |
| This information is currently of reco | ord in the | NUMBER OF | | | S/SERIES | PAR VALUE | | |
| Department of State. | | 1000 | | CNP | \$ | 0.00 | | |
| Changes require an additional filing | . | | | | | | | |
| 11. This report must be executed of ceiver or trustee, this report must | | | | | | he hands of a re- | | |
| Under penalty of perjury, I decla | re and affirm t | hat I have examine | d this repo | | | :hedules and | | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Representative | | | | | | Date | | |
| Jeffrey Joaquin | | | | | 2-1-2024 | | | |
| Signature of Authorized Represen | fative | | · | | · · · | | | |
| 2/1/1/1/ | fuller | | | | | | | |

MAIL TO: Division of Business Services

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FORM 630- Revised 12/2003