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.

FILED
FEB 06 2024
BY 13470

1. Entity ID Number	2. Exact name of the Corporation
000131228	Internationl Paving Corporation

3. Principal Office Address	City	State	Zip
1331 Main Street	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
237310	To engage in General Construction, Paving
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jeffrey Joaquin	Matthew Joaquin
Street Address: 36 Fiume Street	Street Address: 36 Fiume Street
City: West Warwick, State: RI, Zip: 02893	City: West Warwick, State: RI, Zip: 02893
Secretary Name: Darlene Joaquin	Treasurer Name: Darlene Joaquin
Street Address: 36 Fiume Street	Street Address: 36 Fiume Street
City: West Warwick, State: RI, Zip: 02893	City: West Warwick, State: RI, Zip: 02893

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	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 ☐		
	NUMBER OF SHARES	CLASS SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	CNP	$0.00
Changes require an additional filing.			

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	Date
Jeffrey Joaquin	2-1-2024

Signature of Authorized Representative

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov