| 7 | RI SOS | Filing Number: 202446638290 | Date: 2/14/2024 4:00:00 P |
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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

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| Penalty: Additional \$25.00 | fee if form is r | not filed by May 31 | | | ā. | j | | | | | |
|---|--|--|--|--------------------------------|------------------------|--------------------------|--|--|--|--|--|
| 1. Entity ID Number 001659050 | Entity ID Number 2. Exact name of the Corporation | | | | | | | | | | |
| Principal Office Address Fieldstone Lane | | City Saunderstown | | State RI | Zip 02874 | | | | | | |
| 4. NAICS Code 443410 | BY CONTRACTOR OF THE CONTRACTO | cription of the chara | cter of business conducted in Rhode Island | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | |
| 7. List ALL officers (names and a | ddresses) | | | Check | the box to ind | icate an attachment 🗌 | | | | | |
| President Name Christopher M. Sparling | Vice-Presiden | Vice-President Name | | | | | | | | | |
| Street Address 88 Fieldstone Lane | | Street Address | | | | | | | | | |
| City Saunderstown | State RI | Zip 02874 | City | City | | Zip | | | | | |
| Secretary Name Christopher M. Sparling | | Treasurer Name Christopher M. Sparling | | | | | | | | | |
| Street Address 88 Fieldstone Lane | | Street Address 88 Fieldstone Lane | | | | | | | | | |
| City Saunderstown | State RI | Zip 02874 | City Saunderston | ity aunderstown | | Zip 02874 | | | | | |
| 8. List ALL directors (names and | addresses) | | • | Check | the box to ind | icate an attachment | | | | | |
| Director Name | | | Director Name | | | | | | | | |
| Street Address | Street Addres | Street Address | | | | | | | | | |
| City | State | Zip | City | у | | Zip | | | | | |
| Director Name | Director Name | Director Name | | | | | | | | | |
| Street Address | | Street Address | | | | | | | | | |
| City | State | Zip | City | | State | Zıp | | | | | |
| 9. Shares Authorized | | 10. Shares Is | Issued Check the box to indicate an attachment | | | | | | | | |
| This information is currently of reci | ord in the | | NUMBER OF SHARES | | CLASS/SERIFS PAR VALUE | | | | | | |
| Department of State. Changes require an additional filing | 20 | 200 Com | | non Shares 0.01 par value | | | | | | | |
| 11. This report must be executed trustee, this report must be execu | on behalf of th ted on behalf of | e corporation by an | authorized repres | sentative. If the corporustee. | ration is in the | e hands of a receiver or | | | | | |
| Under penalty of perjury, I deci- statements, and that all stateme | are and affirm | that I have exami | ned this report, i | | panying sch | edules and | | | | | |
| Name of Authorized Representati | | FILED | | Date , , | | | | | | | |
| Christopher M. Sparling | | | | | 2/0 | : 2024 | | | | | |
| Signature of Authorized Represer | tative | _ | EB 1 4 2024 | : | | | | | | | |
| MAIL TO: V Division of Business Services | | RV | 2008 | | | | | | | | |

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

Phone: (401) 222-3040 Website: www.sos.ri.gov