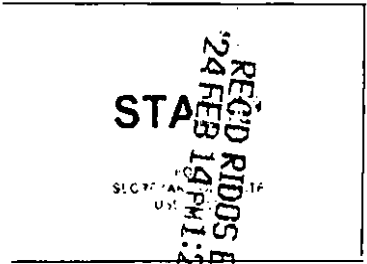




State of Rhode Island
Department of State - Business Services Division



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.

1. Entity ID Number 000082609		2. Exact name of the Corporation Trac-Builders, Inc.			
3. Principal Office Address 28 Wolcott Street			City Providence	State RI	Zip 02908
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island general contracting services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name William E. Tracey			Vice-President Name Nelson M. Ferreira		
Street Address 28 Wolcott Street			Street Address 28 Wolcott Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Judy A. Russell			Treasurer Name William E. Tracey		
Street Address 28 Wolcott Street			Street Address 28 Wolcott Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name William E. Tracey			Director Name		
Street Address 28 Wolcott Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common Shares	PAR VALUE no par value
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.					
<i>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.</i>					
Name of Authorized Representative William E. Tracey				Date 1.29.24	
Signature of Authorized Representative 				FILED	
				FEB 14 2024	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY Sldr 71
MC