RI SOS Filing Number: 202446739050 Date: 2/14/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 14 2024
BY 24780 DS

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	2. Exact name of the Corporation			
125425	East Side Construction, Inc.			
3. Principal Office Address		City	State	Zip
21 Dexter Road		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
231110	General construction all other lawful purposes.			
5. State of Incorporation				
Rhode Island				

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

President Name: Christopher J. Voll			Vice-President Name: Christopher J. Voll		
Street Address: 21 Dexter Road			Street Address: 21 Dexter Road		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Secretary Name: Christopher J. Voll			Treasurer Name: Christopher J. Voll		
Street Address: 21 Dexter Road			Street Address: 21 Dexter Road		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

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

Director Name: n/a			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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	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.

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: Christopher J. Voll, President — Date: 2/12/24

Signature of Authorized Representative

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

FORM 630- Revised. 04/2023