



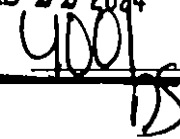
State of Rhode Island
Department of State - Business Services Division


Annual Report for the year: 2024

FILED

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 22 2024
BY 

1. Entity ID Number 75294		2. Exact name of the Corporation T.P. Builders, Inc.			
3. Principal Office Address 693 Somerset Avenue			City Taunton	State MA	Zip 02780
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General Contractor			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas Pelchat			Vice-President Name Thomas Pelchat		
Street Address 693 Somerset Avenue			Street Address 693 Somerset Avenue		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
Secretary Name Thomas Pelchat			Treasurer Name Thomas Pelchat		
Street Address 693 Somerset Avenue			Street Address 693 Somerset Avenue		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Pelchat			Director Name		
Street Address 693 Somerset Avenue			Street Address		
City Taunton	State MA	Zip 02780	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		Common	\$1.00
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 Thomas Pelchat					Date 1/03/2024
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