

## 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 fe	ee if form is not fil	led by May 31.				<u> </u>		
Entity ID Number	2 Exact name of the Corporation							
000008171	P.J.R. CONSTRUCTION CO., INC							
3. Principal Office Address			City		State		Zip	
448 Park Avenue			Portsm	nouth	RI		02871	
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island							
236118	To engage in general construction							
5. State of Incorporation	]							
Rhode Island								
7. List ALL officers (names and add		Check the box to indicate an attachment						
President Name Peter J. Raposa				Vice-President Name Peter J. Raposa				
Street Address 448 Park Ave.			Street Address 448 Park Avenue					
City Portsmouth	State RI	<sup>Zıp</sup> 02871	<sup>City</sup> Portsmouth		1	RI	Zip 02871	
Secretary Name Peter J. Raposa			Treasurer Name Peter J. Raposa					
Street Address 448 Park Ave.			Street Address 448 Park Ave.					
City Portsmouth	State RI	<sup>Z<sub>ip</sub></sup> 02871	City Portsmouth		State F	र।	<sup>Z<sub>ip</sub></sup> 02871	
8. List ALL directors (names and ad	Idresses)			Check the box	to indic	cate an atta	chment 🔲	
Director Name N/A			Director Name N/A					
Street Address			Street Address					
City	State	Zip	City		State		Zıp	
Director Name N/A			Director Name N/A					
Street Address			Street Address					
City	State	Zip	City		State		Zıp	
9. Shares Authorized		10. Shares Issued						
This information is currently of record in the Department of State.		NUMBER OF SH	4ARES			PAR VALUE		
Changes require an additional filing.		100		Common		No Par		
				_				
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 declar statements, and that all statemer	re and affirm that	l have examined	this repor		anying	schedule	s and	
Name of Authorized Representative						,		
Peter J. Raposa					2/19/24			
Signature of Authorized Represente	ative				·	,	,	

MAIL TO:

**Division of Business Services** 

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

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