RI SOS Filing Number: 202447184660 Date: 2/23/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

Filing period: February 1 - May 1

	riling ree.		
\rightarrow	Penalty: Ad	ditional \$25 00 fee if form is not filed by May	31.

→ Penalty: Additional \$25 00 f	fee if form is no	ot filed by May 31.					<u> </u>	
1 Entity ID Number	2 Exact name	e of the Corporation	1					
000066819	Brennan & Sons, Inc.							
3 Principal Office Address			City State Zip					
28 Cliff Ave.			Portsr	Portsmouth			02871	
4. NAICS Code	6 Brief descr	iption of the charact	ter of busine	ss conducted in Rhod	le Island			
212321	General construction and renovation, septic installation, and repair						r	
5 State of Incorporation	State of Incorporation							
Rhode Island								
7. List ALL officers (names and add	dresses)		Check the box to indicate an attachmen					
President Name Peter W. Breni	Vice-Prese	Vice-President Name Peter W. Brennan						
Street Address 28 Cliff Avenue			Street Add	Street Address 28 Cliff Avenue				
City Portsmouth	State RI	^{Zip} 02871		^{City} Portsmouth		RI	Zip 02871	
Secretary Name Peter W. Breni	Treasurer	Treasurer Name Peter W. Brennan						
Street Address 28 Cliff Avenue	Street Add	Street Address 28 Cliff Avenue						
City Portsmouth	State RI	Zip 02871		City Portsmouth		RI	Ζ _{ιρ} 02871	
8. List ALL directors (names and ad	ddresses)			Check the box to indicate an attachment				
Director Name Peter W. Brennan			Director Na	Director Name				
Street Address 28 Cliff Ave.			Street Address					
City Portsmouth	State RI	^{Zıp} 02871	City	City			Zip	
Director Name			Director Name					
Street Address		Street Address						
City	State	Zıp	City		State		Zip	
9. Shares Authorized		10 Shares Issu	ued	Check th	e box to ind	licate an at	tachment \square	
This information is currently of recor	rd in the	NUMBER OF						
Department of State.		100		Common	No		par value	
Changes require an additional filing.			_		<u> </u>			
11. This report must be executed or ceiver or trustee, this report must be	n behalf of the	corporation by an ar	uthorized rep	presentative. If the co	rporation is	in the hand	ds of a re-	
Under penalty of perjury, I declar	re and affirm th	hat I have examine	ed this repor	rt, including any acc	companyin	g scheduk	es and	
statements, and that all statements Name of Authorized Representative	nts contained i	herein are true and	<u>d_correct.</u>			_		
Peter W. Brennan			Date 3/20/24					
Signature of Authorized Representa	ative							
	2/						•	

MAIL TO:

Division of Business Services

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

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