



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

FEB 29 2024

3106 *R*

- 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 535741		2. Exact name of the Corporation E F S Curbing Inc.			
3. Principal Office Address 27 Kelley Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island Set Curbing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Marie A. Sweeney			Vice-President Name		
Street Address 27 Kelley Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Marie A. Sweeney			Treasurer Name Edward F. Sweeney		
Street Address 27 Kelley Avenue			Street Address 27 Kelley Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name Marie A. Sweeney			Director Name Edward F. Sweeney		
Street Address 27 Kelley Avenue			Street Address 27 Kelley Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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	
		100			
*1. 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 Edward F. Sweeney					Date 02/08/2024
Signature of Authorized Representative <i>Edward F. Sweeney</i>					

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