RI SOS Filing Number: 202447566510 Date: 2/28/2024 11:25:00 AM

Annual Report for the Corporation	e year: <u>2022</u>		_			ž	
→ Filing period: Februar				#			
→ Filing Fee: \$50.00 → Penalty: Additional \$25		nt filad by May 31				70 RI	
1. Entity ID Number		ie of the Corporation			••		
001680798	i i	•	on Associates, Corp.			M11:28	
. Principal Office Address			City State Zip				
25 Tome Street			Cransto	n	RI	02 3 20	
NAICS Code	6 Brief desc	ription of the charac	ter of business	conducted in Rho	de Island		
238110	Concrete	Subcontractor	S				
i. State of Incorporation Rhode Island	·						
					I. Al	1	
List ALL officers (names ar President Name Edward Kr	Vice-President Name Simon Krasnor						
Edward Krasner			Simon Krasner				
Street Address 25 Tome Street			Street Address 25 Tome Street				
Cranston	State RI	^{Z₁p} 02920	City Crans	ston	State R	I Z ^{ıp} 02920	
ecretary Name	<u> </u>	1	Treasurer Name				
treet Address	Street Address						
ity	State	Zip	City	•	State	Zip	
. List ALL directors (names a	and addresses)				eck the box to	indicate an attachment	
N/A			Director Nam	ne			
treet Address			Street Address				
lity	State	Zıp	City		State	Zip	
irector Name		<u>l</u> ,,					
niector name			Director Name				
treet Address	Street Address						
ity	State	Zıp	City		State	Zip	
Shares Authorized		10. Shares Issu	lod.	Ch	ack the how to		
his information is currently of record in the epartment of State.			NUMBER OF SHARES		Check the box to indicate an attachment [CLASS/SERIES PAR VALUE		
		100		STK		\$0.01	
hanges require an additional	filing.			1			
This report must be execu	ited on behalf of the	corporation by an a	uthorized repre	sentative. If the co	orporation is in	the hands of a receiver	
ustee, this report must be ex nder penalty of perjury, I o	recuted on behalf of declare and affirm t	the corporation by that I have examine	he receiver or t	trustee. including anv ac	companying s	schedules and	
atements, and that all star	tements contained						
ame of Authorized Represer dward Krasner	Date 2 - 26		36.7.7.				
gnature of Authorized Repre	esentative			FILED	10-0	76 - 20 24	
3/				11. 63	•		

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

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