

**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 fee if form is not filed by May 31.

REC'D RIDGERS BSD
 24 MAR 6 PM 2:28:20
 MA

1. Entity ID Number 001693775		2. Exact name of the Corporation RED'S CONSTRUCTION INC							
3. Principal Office Address 1 ROSELAND STREET - UNIT 14B			City FOXBORO		State MA				
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island REMODELING							
5. State of Incorporation MA									
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>				
President Name ANATOLI IHNATSENKA			Vice-President Name OLEKSANDR SOLDATENKO						
Street Address 193 HARRISON STREET			Street Address 193 HARRISON STREET						
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860				
Secretary Name OLEKSANDR SOLDATENKO			Treasurer Name ANATOLI IHNATSENKA						
Street Address 193 HARRISON STREET			Street Address 193 HARRISON STREET						
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860				
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>				
Director Name ANATOLI IHNATSENKA			Director Name OLEKSANDR SOLDATENKO						
Street Address 193 HARRISON STREET			Street Address 193 HARRISON STREET						
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860				
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				
This information is currently of record in the Department of State. Changes require an additional filing.					NUMBER OF SHARES				
					100	CLASS/SERIES	CNP	PAR VALUE	0
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 					Date 3/10/2024				
Signature of Authorized Representative ANATOLI IHNATSENKA									

FILED 2:29
 MAR 06 2024
 BY 736 NG
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov