



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.

FILED

MAR 13 2024

BY 10666
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1. Entity ID Number 000064973		2. Exact name of the Corporation Luzier Construction Corporation			
3. Principal Office Address 10 Classic Court			City Cranston	State RI	Zip 02921
4. NAICS Code 236116		6. Brief description of the character of business conducted in Rhode Island General construction.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dennis M. Luzier			Vice-President Name Elizabeth A. Luzier		
Street Address 10 Classic Court			Street Address 10 Classic Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Dennis M. Luzier			Treasurer Name Elizabeth A. Luzier		
Street Address 10 Classic Court			Street Address 10 Classic Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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		CLASS/SERIES	PAR VALUE
		100	common	no par value	
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 Dennis M. Luzier					Date ✓ 3/9/2024
Signature of Authorized Representative ✓ <u>D. M. Luzier</u>					

MAIL TO:
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