

**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2024
Corporation

MAR 15 2024

BY *[Signature]*

- 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 000088527		2. Exact name of the Corporation MEEHAN BUILDERS INC			
3. Principal Office Address 1 THURBER BLVD STE D			City SMITFIELD	State RI	Zip 02917
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island HOUSES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name MARY LOU FERRI.			Vice-President Name		
Street Address 35 ST JAMES LANE			Street Address		
City GLOCESTER	State RI	Zip 02857	City	State	Zip
Secretary Name MARY LOU FERRI.			Treasurer Name MARY LOU FERRI.		
Street Address 35 ST JAMES LANE			Street Address 35 ST JAMES LANE		
City GLOCESTER	State RI	Zip 02857	City GLOCESTER	State RI	Zip 02857
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name MARY LOU FERRI.			Director Name		
Street Address 35 ST JAMES LANE			Street Address		
City GLOCESTER	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
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	
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 <i>[Signature]</i>				Date 2/5/24	
Signature of Authorized Representative MARY LOU FERRI.					

MAIL TO:
Division of Business Services
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