RI SOS Filing Number: 202449332230 Date: 3/20/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

Filing Period. February 1 - May 1

Filing Fee: \$50.00

Penalty Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	Exact name of the Corporation								
001706769	CAMBRIDGE COMPANIES, INC.								
3 Principal Office Address				City			State	Zip	
14201 N 87TH STREET, UNIT C				SCOTT	'SDALE		AZ	85260	
4. NAICS Code 6 Brief description of the character of business conducted in Rhode Island									
236200									
5 State of Incorporation									
AZ	Z CONSTRUCTION								
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name					Vice-President Name				
JEFFREY ERIKS									
Street Address				Street Address					
6938 E. LOMAS VERDES DRIV									
City	State	Zip)	City		State		Zip	
SCOTTSDALE	AZ	8	35266						
Secretary Name					Treasurer Name				
				BRYAN YOUNG					
Street Address				Street Address					
				10684 E FANFOL LANE					
City	State	Zip)	City		State		Zip	
				SCOTT	'SDALE	AZ		85258	
8 List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name					Director Name				
Street Address				Street Address					
City State :		Zip)	City		State		Zip	
Director Name				Director Name					
Street Address				Street Address					
City State Zip			City		State			Zıp	
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9 Shares Authorized	<u> </u>		10. Shares Issued	1	Che	ck the b	ox to indica	ite an attachment	
This information is currently of record in the NUMBER (NUMBER OF SH					PAR VALUE	
			946		COMMON			С	
			,,,,						
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver 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		
1117 4 80							3/8/24		
Signature of Authorized Representative									
JEFFREY ERIKS									

MAIL TO:

Division of Business Services

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

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