RI SOS Filing Number: 202449413100 Date: 3/22/2024 4:00:00 PM 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. 1. Entity ID Number 2. Exact name of the Corporation 000147392 EPK Construction Services, Inc. 3 Principal Office Address City State 49 Cedar Swamp Road, Unit 10 Smithfield RI 02917 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 238990 To provide construction services including but not limited to asphalt paving State of Incorporation of residential and commercial properties. Rhode Island 7 List ALL officers (names and addresses) Check the box to indicate an attachment President Name Eric T. Jeffrey Vice-President Name Trisha Jeffrey Street Address 49 Cedar Swamp Road, Unit 10 Street Address 49 Cedar Swamp Road, Unit 10 City Smtihfield <sup>Zip</sup> 02917 City Smithfield State State 02917 Secretary Name Trisha Jeffrey Treasurer Name Eric T. Jeffrey Street Address 49 Cedar Swamp Road, Unit 10 Street Address 49 Cedar Swamp Road, Unit 10 State <sup>Zip</sup> 02917 City Smithfield Smithfield 02917 8 List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Eric T. Jeffrey NONE Street Address 49 Cedar Swamp Road, Unit 10 Street Address City Smithfield State <sup>Zip</sup>02917 City State Zip RI Director Name Director Name NONE NONE Street Address Street Address State City Zip State 9 Shares Authorized 10. Shares Issued Check the box to indicate an attachment. This information is currently of record in the NUMBER OF SHARES Department of State. 100 NPV Common Changes require an additional filing. 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-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

ceiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Trisha Jeffrey, Vice President

Signature of Authorized Representative

MAIL TO:

City

Division of Business Services

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

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