



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.

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|  |             |  |   |                        |                    |
|--|-------------|--|---|------------------------|--------------------|
| 1. Entity ID Number<br>001755756   |             | 2. Exact name of the Corporation<br>Metacom Construction Inc.  |   |                        |                    |
| 3. Principal Office Address<br>188 Hines Road  |             | City<br>Cumberland   |   | State<br>RI            | Zip<br>02864       |
| 4. NAICS Code<br>238990  |             | 6. Brief description of the character of business conducted in Rhode Island<br>Construction services |   |                        |                    |
| 5. State of Incorporation<br>RI  |             |  |   |                        |                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |   |                        |                    |
| President Name<br>Christopher R. Janson  |             |  | Vice-President Name<br>Nicholas J. Bronsdon   |                        |                    |
| Street Address<br>188 Hines Road   |             |  | Street Address<br>188 Hines Road  |                        |                    |
| City<br>Cumberland   | State<br>RI | Zip<br>02864   | City<br>Cumberland  | State<br>RI            | Zip<br>02864       |
| Secretary Name<br>Sarah L. Janson  |             |  | Treasurer Name<br>Sarah L. Janson   |                        |                    |
| Street Address<br>188 Hines Road   |             |  | Street Address<br>188 Hines Road  |                        |                    |
| City<br>Cumberland   | State<br>RI | Zip<br>02864   | City<br>Cumberland  | State<br>RI            | Zip<br>02864       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |   |                        |                    |
| 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                  | Zip                |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |   |                        |                    |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |                    |
|  |             |  | NUMBER OF SHARES<br>200   | CLASS/SERIES<br>Common | PAR VALUE<br>\$.01 |
| 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.<br><b>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.</b> |             |  |   |                        |                    |
| Name of Authorized Representative<br>Christopher R. Janson, President  |             |  |   |                        | Date<br>4/11/24    |
| Signature of Authorized Representative<br>   |             |  |   |                        | BY<br>FILED        |

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FORM 630 Revised 12/2023