



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

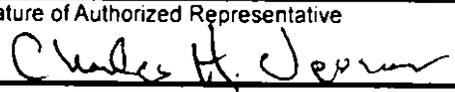
Annual Report for the year: **2024**

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

'APR 05 2024
BY WOLFS OS

1. Entity ID Number 121682		2. Exact name of the Corporation VERNON PROJECT MANAGEMENT, INC.			
3. Principal Office Address 68 SHADY LEA ROAD			City NO. KINGSTOWN	State RI	Zip 02852
4. NAICS Code 561210		6. Brief description of the character of business conducted in Rhode Island To engage in consulting, construction management, general contracting and subcontracting for both commercial, residential and municipal projects.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLES H. VERNON			Vice-President Name CHARLES H. VERNON		
Street Address 68 SHADY LEA ROAD			Street Address 68 SHADY LEA ROAD		
City NO. KINGSTOWN	State RI	Zip 02852	City NO. KINGSTOWN	State RI	Zip 02852
Secretary Name CHARLES H. VERNON			Treasurer Name CHARLES H. VERNON		
Street Address 68 SHADY LEA ROAD			Street Address 68 SHADY LEA ROAD		
City NO. KINGSTOWN	State RI	Zip 02852	City NO. KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHARLES H. VERNON			Director Name		
Street Address 68 SHADY LEA ROAD			Street Address		
City NO. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		C. ASS/SERIES	
		NUMBER OF SHARES			PAR VALUE
		100	COMMON	NONE	
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 CHARLES H. VERNON, PRESIDENT				Date 3/24/2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov