



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 6068 DS

| | | | |
|---|--|---|-------------------------|
| 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 | City NO. KINGSTOWN | State RI |
| Zip 02852 | | 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 | City NO. KINGSTOWN | State RI |
| Zip 02852 | | 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 | City | State |
| Zip 02852 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. Shares Authorized | | | |
| This information is currently of record in the Department of State. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| Changes require an additional filing. | | NUMBER OF SHARES 100 | C. ASS/SERIES COMMON |
| | | PAR VALUE 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 <u>Charles H. Vernon</u> | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023