



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 001661380		2. Exact name of the Corporation Wright Building & Remodeling, Inc.			
3. Principal Office Address 11 Preston Drive			City Barrington	State RI	Zip 02806
4. NAICS Code 236116		6. Brief description of the character of business conducted in Rhode Island Construction Services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Stephen T. Wright			Vice-President Name NONE		
Street Address 11 Preston Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Stephen T. Wright			Treasurer Name Stephen T. Wright		
Street Address 11 Preston Drive			Street Address 11 Preston Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Stephen T. Wright			Director Name NONE		
Street Address 11 Preston Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.  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 600	CLASS/SERIES Common	PAR VALUE 0.01
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. <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 Stephen T. Wright, President				Date 3-24-24	
Signature of Authorized Representative 				FILED	

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

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