



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.

STAMP

APR 08 2024

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FOR
SECRETARY OF STATE
ONLY

1. Entity ID Number 000108701		2. Exact name of the Corporation Wesson Construction, Inc.	
3. Principal Office Address 328 Cowesett Avenue-Suite One		City West Warwick	State RI
		Zip 02893	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Residential, Commerical building remodeling.		
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 Ricky D. Wesson		Vice-President Name Joshua D. Wesson	
Street Address 225 Middle Road		Street Address 225 Middle Road	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name Ricky D. Wesson		Treasurer Name Ricky D. Wesson	
Street Address 225 Middle Road		Street Address 225 Middle Road	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ricky D. Wesson		Director Name	
Street Address 225 Middle Road		Street Address	
City East Greenwich	State RI	City	State
Zip 02818		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
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 Ricky D. Wesson			Date 3/30/24
Signature of Authorized Representative <i>Ricky D. Wesson</i>			

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