



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

APR 10 2024

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.

407 00

1. Entity ID Number 001708839		2. Exact name of the Corporation CJ & M HANDYMAN INC			
3. Principal Office Address 1003 PAYNE ROAD			City BLOCK ISLAND	State RI	Zip 02807
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island HANDYMAN CONSTRUCTION SERVICES AND RESIDENTIAL REMODELERS.			
5. State of Incorporation 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 CHARLES LEROY			Vice-President Name NONE		
Street Address 1003 PAYNE ROAD			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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		CLASS/SERIES	PAR VALUE
		100		COMMON	NO 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. <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 CHARLES LEROY					Date 3/15/2024
Signature of Authorized Representative 					