



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

APR 10 2024

407 00

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 001708839	2. Exact name of the Corporation CJ & M HANDYMAN INC
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3. Principal Office Address 1003 PAYNE ROAD	City BLOCK ISLAND	State RI	Zip 02807
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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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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. <small>Changes require an additional filing.</small>	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	<small>NUMBER OF SHARES</small>	<small>CLASS/SERIES</small>	<small>PAR VALUE</small>
	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.

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 LEROY	Date 3/15/2024
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Signature of Authorized Representative
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MAIL TO
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov