



State of Rhode Island
Department of State - Business Services Division

REC'D: RSDOS BSD
 APR 16 AM 11:51:00
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**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 001721693		2. Exact name of the Corporation Original Restoration, Inc.			
3. Principal Office Address 10 Old Flanders Road			City Westborough	State MA	Zip 01581
4. NAICS Code 562910		6. Brief description of the character of business conducted in Rhode Island perform restoration services			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Thomas J. Kelly			Vice-President Name		
Street Address 10 Old Flanders Road			Street Address		
City Westborough	State MA	Zip 01581	City	State	Zip
Secretary Name Thomas J. Kelly			Treasurer Name Thomas J. Kelly		
Street Address 10 Old Flanders Road			Street Address 10 Old Flanders Road		
City Westborough	State MA	Zip 01581	City Westborough	State MA	Zip 01581
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Thomas J. Kelly			Director Name		
Street Address 10 Old Flanders Road			Street Address		
City Westborough	State MA	Zip 01581	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 0.01 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.					
<i>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.</i>					
Name of Authorized Representative Thomas J. Kelly					Date 3-25-24
Signature of Authorized Representative 					

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

FILED
 APR 16 2024
 BY ML 2576 FORM 630 - Revised: 04/2023