

State of Rhode Island  
Department of State - Business Services DivisionAnnual 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.

REC'D RIDOS BSD  
24 APR 16 PM 1:51:10

1. Entity ID Number <b>115966</b>		2. Exact name of the Corporation <b>Ptaszek Construction, Inc.</b>			
3. Principal Office Address <b>21 Tiger Lily Trail</b>		City <b>Rehoboth</b>		State <b>MA</b>	Zip <b>02769</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>To offer, provide, sell and otherwise deal in construction services to the public</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joseph Ptaszek</b>			Vice-President Name <b>Joseph Ptaszek</b>		
Street Address <b>21 Tiger Lily Trail</b>			Street Address <b>21 Tiger Lily Trail</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
Secretary Name <b>Joseph Ptaszek</b>			Treasurer Name		
Street Address <b>21 Tiger Lily Trail</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			Common Shares		
			\$1.00 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 <b>Joseph Ptaszek</b>					Date <b>4/11/2024   6:23 PM EDT</b>
Signature of Authorized Representative <i>Joseph Ptaszek</i>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 16 2024  
By *ML* 4129