



**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.

REC'D RIDOS PSD  
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1. Entity ID Number 000096915		2. Exact name of the Corporation Construct Oil Co., Inc.			
3. Principal Office Address 27 Dexter Road			City East Providence		State RI Zip 02914
3. NAICS Code 454310		4. Brief description of the character of business conducted in Rhode Island Sale & Deliverery of Product			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Richard Workman			Vice-President Name		
Street Address 77 Second ST			Street Address		
City Somerville	State MA	Zip 08876	City	State	Zip
Secretary Name Mark O'Leary			Treasurer Name Mark O'Leary		
Street Address 27 Dexter Road			Street Address 27 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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		
			500	Common	500
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 Richard Workman					Date
Signature of Authorized Representative					FILE

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

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