



**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.

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|   |             |   |   |                                     |              |
|---|-------------|---|---|-------------------------------------|--------------|
| 1. Entity ID Number<br>001712108  |             | 2. Exact name of the Corporation<br>JTE Contruction Inc   |   |                                     |              |
| 3. Principal Office Address<br>205 Perryville Road  |             |   | City<br>Rehoboth  |                                     | State<br>MA  |
|   |             |   | Zip<br>02769  |                                     |              |
| 3. NAICS Code<br>236100   |             | 4. Brief description of the character of business conducted in Rhode Island<br>Repairs & Remodels |   |                                     |              |
| 5. State of Incorporation<br>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<br>Jose L. Rosa  |             |   | Vice-President Name   |                                     |              |
| Street Address<br>205 Perryville Road   |             |   | Street Address  |                                     |              |
| City<br>Rehoboth  | State<br>MA | Zip<br>02769  | City  | State                               | Zip          |
| Secretary Name<br>Tyler L. Rosa   |             |   | Treasurer Name<br>Tyler L. Rosa   |                                     |              |
| Street Address<br>153 Carpenter St  |             |   | Street Address<br>153 Carpenter St  |                                     |              |
| City<br>Seekonk   | State<br>MA | Zip<br>02771  | City<br>Seekonk   | State<br>MA                         | Zip<br>02771 |
| 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.<br><br>Changes require an additional filing.  |             |   | NUMBER OF SHARES  |                                     |              |
|   |             |   | CLASS/SERIES  |                                     | PAR VALUE    |
|   |             |   | 100   | Common                              | 1            |
| 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<br>Jose L. Rosa   |             |   |   | Date<br>4/11/2024                   |              |
| Signature of Authorized Representative<br><i>Jose Rosa</i>  |             |   |   | APR 17 2024<br>BY <i>4862</i><br>KS |              |