



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 RI SOS B
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1. Entity ID Number 001682572		2. Exact name of the Corporation Henry M. Osowiecki & Sons, Inc.												
3. Principal Office Address 48 Clay Street			City Thomaston		State CT									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To own and operate a construction company and do all things incidental thereto.												
5. State of Incorporation CT														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Caroline R. Osowiecki			Vice-President Name Same as Secretary											
Street Address 48 Clay Street			Street Address											
City Thomaston	State CT	Zip 06787	City	State	Zip									
Secretary Name Henry M. Osowiecki			Treasurer Name Same as Vice President											
Street Address 48 Clay Street			Street Address											
City Thomaston	State CT	Zip 06787	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Caroline R. Osowiecki			Director Name Anthony R. Lauretano											
Street Address 48 Clay Street			Street Address 157 Thomaston Road											
City Thomaston	State CT	Zip 06787	City Morris	State CT	Zip 06763									
Director Name Henry M. Osowiecki			Director Name											
Street Address 48 Clay Street			Street Address											
City Thomaston	State CT	Zip 06787	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>100000.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		100000.0000			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100		100000.0000												
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 Caroline R. Osowiecki, President					Date 04-15-2024									
Signature of Authorized Representative <i>Caroline R. Osowiecki, President</i>					FILED									

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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FORM 630- Revised: 12/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 18, 2024 01:13 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

