



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2024**
Corporation

APR 26 2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY

1. Entity ID Number 001685509		2. Exact name of the Corporation J.A. Larkin Company of Craftsmen, Inc.			
3. Principal Office Address 14 North Broad Street		City Pawcatuck	State CT	Zip 06379	
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Remodeling; All lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph A. Larkin			Vice-President Name		
Street Address 14 North Broad Street			Street Address		
City Pawcatuck	State CT	Zip 06379	City	State	Zip
Secretary Name Anne F. DiOrio			Treasurer Name Anne F. DiOrio		
Street Address 14 North Broad Street			Street Address 14 North Broad Street		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph A. Larkin			Director Name Anne F. DiOrio		
Street Address 14 North Broad Street			Street Address 14 North Broad Street		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 600	CLASS/SERIES CNP	PAR VALUE 0.0000
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 Joseph A. Larkin, President				Date 2-26-2024	
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