



State of Rhode Island  
Department of State - Business Services Division

MAY 01 2024  
11037 *ur*

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.

1. Entity ID Number 150017	2. Exact name of the Corporation <b>RYGRAM CONSTRUCTION CO., INC.</b>
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3. Principal Office Address 597 State Road	City Dartmouth	State MA	Zip 02747
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4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Installation and maintenance of swimming pools & spas and repairing same.
5. State of Incorporation Massachusetts	

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>Paul S. Flanagan</b>		Vice-President Name <b>None</b>		
Street Address <b>32 Wilson Street</b>		Street Address <b>N/A</b>		
City <b>South Dartmouth</b>	State <b>MA</b>	Zip <b>02748</b>	City	State
Secretary Name <b>Paul S. Flanagan</b>		Treasurer Name <b>Bernice M. Flanagan</b>		
Street Address <b>32 Wilson Street</b>		Street Address <b>32 Wilson Street</b>		
City <b>South Dartmouth</b>	State <b>MA</b>	Zip <b>02748</b>	City <b>South Dartmouth</b>	State <b>MA</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>Paul S. Flanagan</b>		Director Name <b>Bernice M. Flanagan</b>		
Street Address <b>32 Wilson Street</b>		Street Address <b>32 Wilson Street</b>		
City <b>South Dartmouth</b>	State <b>MA</b>	Zip <b>02748</b>	City <b>South Dartmouth</b>	State <b>MA</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

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
	275,000	Common	No Par

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>Paul S. Flanagan</b>	Date <b>March 30, 2024</b>
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Signature of Authorized Representative