



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.

**FILED**  
MAY 02 2024  
BY *[Signature]*

|   |                    |   |                                    |                       |                     |
|---|--------------------|---|------------------------------------|-----------------------|---------------------|
| 1. Entity ID Number<br><b>001737636</b>   |                    | 2. Exact name of the Corporation<br><b>THOMAS ROY INC.</b>  |                                    |                       |                     |
| 3. Principal Office Address<br><b>96 Riverside Drive</b>  |                    |   | City<br><b>Pawcatuck</b>           | State<br><b>CT</b>    | Zip<br><b>06379</b> |
| 4. NAICS Code<br><b>238290</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Light construction</b>              |                                    |                       |                     |
| 5. State of Incorporation<br><b>RI</b>  |                    |   |                                    |                       |                     |
| 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><b>Thomas Roy</b>   |                    |   | Vice-President Name<br><b>none</b> |                       |                     |
| Street Address<br><b>96 Riverside Drive</b>   |                    |   | Street Address                     |                       |                     |
| City<br><b>Pawcatuck</b>  | State<br><b>CT</b> | Zip<br><b>06379</b>   | City                               | State                 | Zip                 |
| Secretary Name  |                    |   | Treasurer Name                     |                       |                     |
| Street Address  |                    |   | Street Address                     |                       |                     |
| City  | State              | Zip   | City                               | State                 | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                                    |                       |                     |
| Director Name<br><b>Thomas Roy</b>  |                    |   | Director Name                      |                       |                     |
| Street Address<br><b>96 Riverside Drive</b>   |                    |   | Street Address                     |                       |                     |
| City<br><b>Pawcatuck</b>  | State<br><b>CT</b> | Zip<br><b>06379</b>   | 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           |
|   |                    | <b>600</b>  |                                    | <b>Common</b>         | <b>No Par</b>       |
| 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><b>Thomas Roy</b>  |                    |   |                                    | Date<br><b>4/9/24</b> |                     |
| Signature of Authorized Representative<br><i>[Signature]</i>  |                    |   |                                    |                       |                     |