



State of Rhode Island
Department of State - Business Services Division

FILED
STATE
MAY 02 2024

BY *[Signature]*

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 001666235		2. Exact name of the Corporation Gencon, Inc.			
3. Principal Office Address 197 8th Street, Suite 400			City Charlestown	State MA	Zip 02129
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island General Contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Justin H. Gonsalves			Vice-President Name		
Street Address 197 8th Street, Suite 400			Street Address		
City Charlestown	State MA	Zip 02129	City	State	Zip
Secretary Name Timothy Lunt			Treasurer Name Justin H. Gonsalves		
Street Address 197 8th Street, Suite 400			Street Address 197 8th Street, Suite 400		
City Charlestown	State MA	Zip 02129	City Charlestown	State MA	Zip 02129
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Justin H. Gonsalves			Director Name Timothy Lunt		
Street Address 197 8th Street, Suite 400			Street Address 197 8th Street, Suite 400		
City Charlestown	State MA	Zip 02129	City Charlestown	State MA	Zip 02129
Director Name John Shea			Director Name		
Street Address 197 8th Street, Suite 400			Street Address		
City Charlestown	State MA	Zip 02129	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		Common	
				PAR VALUE	
				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 Justin H. Gonsalves					Date 03/20/2024
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov