



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.

MAY 01 2024
266 *or*

1. Entity ID Number 001751157		2. Exact name of the Corporation HAYDEN CONSTRUCTION INC			
3. Principal Office Address 47 ELM ST APT 2			City WESTERLY	State RI	Zip 02891
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL HAYDEN			Vice-President Name		
Street Address 47 ELM ST APT 2			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name PAUL HAYDEN			Treasurer Name PAUL HAYDEN		
Street Address 47 ELM ST APT 2			Street Address 47 ELM ST APT 2		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			PAR VALUE		
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 PAUL HAYDEN					Date 4/30/24
Signature of Authorized Representative <i>Paul Hayden</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov