

REC'D RI SOS ESD
24 MAY 6 AM 11:34:32State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2022

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 000099326		2. Exact name of the Corporation Brucker Construction Inc										
3. Principal Office Address 75 Woodland Ave		City Smithfield	State RI									
		Zip 02917										
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island General Contractor/perform carpentry services, general contracting and building services for residential and commercial projects											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Michael J Brucker		Vice-President Name N/A										
Street Address 74 Woodland Ave		Street Address										
City Smithfield	State RI	Zip 02917										
Secretary Name N/A		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name N/A		Director Name N/A										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐										
		<table border="1"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS</th> <th>PAR VALUE</th> </tr> <tr> <td>N/A ○</td> <td>N/A</td> <td>N/A ○</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </table>		NUMBER OF SHARES	CLASS	PAR VALUE	N/A ○	N/A	N/A ○	N/A	N/A	N/A
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N/A ○	N/A	N/A ○										
N/A	N/A	N/A										
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 Michael J Brucker		Date 02/28/2024										
Signature of Authorized Representative 												

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023

FILED

MAY 6 2024

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BY 63030