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State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2021  
 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 <b>000099326</b>		2. Exact name of the Corporation <b>Brucker Construction Inc</b>			
3. Principal Office Address <b>75 Woodland Ave</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02817</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>General Contractor/perform carpentry services, general contracting and building services for residential and commercial projects</b>			
5. State of Incorporation <b>Rhode Island</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 <b>Michael J Brucker</b>			Vice-President Name <b>N/A</b>		
Street Address <b>74 Woodland Ave</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>N/A</b>			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 <b>N/A</b>			Director Name <b>N/A</b>		
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 <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.		NUMBER OF SHARES		CLASSIFICATION	
Changes require an additional filing.		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 <b>Michael J Brucker</b>					Date <b>02/28/2024</b>
Signature of Authorized Representative 					

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

FORM 630 Revised 12/2023

**FILED**  
 MAY 6 2024  
 BY 6B0JU  
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