RI SOS Filing Number: 202454599220 Date: 5/9/2024 4:00:00 PM

## State of Rhode Island

## **Department of State - Business Services Division**

MAY 0 9 2024

Annual Report for the year: 2024

Corporation (				MVI 0 2 rec.			
Corporation   → Filing period: February  → Filing Face #50.00	BY						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.	00 fee if form is no	t filed by May 31.				()	
Entity ID Number	2. Exact name	of the Corporation			<u> </u>		
42048	J.P.G. C	J.P.G. CONSTRUCTION, INC.					
Principal Office Address			City		State	Zip	
220 GREENSLITT AVENUE			PAWT	UCKET	RI_	02861	
4. NAICS Code	<ol><li>Brief descri</li></ol>	ption of the charact	ter of busine:	ss conducted in Rhode	Island		
236115	GENERAI	GENERAL CONSTRUCTION WORK					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and	l addresses)		he o	Check the	box to indica	ite an attachment	
President Name JAMES P. GRIFFIN			Vice-President Name SAME				
Street Address 220 GREENSLITT AVENUE			Street Address				
City PAWTUCKET	State RI	<sup>Z<sub>1</sub>p</sup> 02861	City		State	Zip	
Secretary Name SAME			Treasurer Name SAME				
Street Address			Street Address				
City	State	Zip	City	<del>-</del> .	State	Zip	
8. List ALL directors (names ar	nd addresses)				box to indica	ate an attachment 🔲	
Director Name JAMES P. G			Director N	ame			
Street Address 220 GREEN	SLITT AVENU	E	Street Add	lress 	_		
City PAWTUCKET	State RI	<sup>Zip</sup> 02861	City	City		State Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
		10. Shares Iss					
This information is currently of record in the Department of State.		100	SHARES	COMMON		NPV	
Changes require an additional fi	ling.		· ·	<del></del>		<u> </u>	
11. This report must be execute	ed on behalf of the out	corporation by an a	uthorized representation by the	presentative. If the corpreseiver or trustee.	poration is in	the hands of a re-	
ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state				rt, including any acco	mpanying	schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
JAMES P. GRIFFIN					01/02/2024		
Signature of Authorized Repre-	sentative						

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov