



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.

FILED

MAY 10 2024

BY *[Signature]*

1. Entry ID Number 000065795		2. Exact name of the Corporation Northern Site Contractors Inc.	
3. Principal Office Address 344 George Washington Highway		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 238910	6. Brief description of the character of business conducted in Rhode Island To engage in General Constructon, Utility excavaton, grading, Landscaping and other related work		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Arthur Mercure		Vice-President Name Arthur Mercure	
Street Address 37 Dickinson Avenue		Street Address 37 Dickinson Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Arthur Mercure		Treasurer Name Arthur Mercure	
Street Address 37 Dickinson Avenue		Street Address 37 Dickinson Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		600	STK
			\$0.000
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 Arthur Mercure			Date 05-06-2024
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:

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