



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
STAMP**
MAY 14 2024
BY 10408 DS

1. Entity ID Number 22843		2. Exact name of the Corporation D.J. CRONIN, INC.	
3. Principal Office Address 53 MINK STREET		City SEEKONK	State MA
		Zip 02771	
4 NAICS Code 484220	6. Brief description of the character of business conducted in Rhode Island TRUCKING OF ASPHALT AND PETROLEUM PRODUCTS		
5. State of Incorporation MASSACHUSETTS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RICHARD J CRONIN		Vice-President Name RICHARD J CRONIN	
Street Address 132 GEORGE STREET		Street Address 132 GEORGE STREET	
City BARRINGTON	State RI	Zip 02806	City BARRINGTON
			State RI
			Zip 02806
Secretary Name KAREN FARINA		Treasurer Name RICHARD J CRONIN	
Street Address 17 SYLVESTER STREET		Street Address 132 GEORGE STREET	
City BARRINGTON	State RI	Zip 02806	City BARRINGTON
			State RI
			Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JANE CRONIN		Director Name RICHARD J CRONIN	
Street Address 132 GEORGE STREET		Street Address 132 GEORGE STREET	
City BARRINGTON	State RI	Zip 02806	City BARRINGTON
			State RI
			Zip 02806
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	
		229	COMMON
			\$100
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 			Date 5/9/2024
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