RI SOS Filing Number: 202454631470 Date: 5/12/2024 4:00:00 PM

S.	

## State of Rhode Island

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

FILED

MAY 12 2024

Annual Report for the year: 2024 Corporation

1. Entity ID Number

16825

4 NAICS Code

City Warwick

531312

→ Filing period: February 1 - May 1

List ALL officers (names and addresses)

President Name Shawn T. Robinson

Street Address 145 Ingersoll Avenue

Secretary Name Shawn T. Robinson

→ Filing Fee: \$50.00

3. Principal Office Address

5. State of Incorporation Rhode Island

145 Ingersoll Avenue

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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e if form is not filed by May 31.								
	e of the Corporation ONSTRUCT							
		City Warwick	State RI	Zip 02886				
Real esta	iption of the charact ite holding and							
esses)		Check the box to indicate an attachment						
nson		Vice-President Name Glen M. Robinson						
enue		Street Address 145 Ingersoll Avenue						
State RI	<sup>Zip</sup> 02886	<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886				
nson		Treasurer Name Shawn T. Robinson						
enue		Street Address 145 Ingersoll Avenue						
State RI	<sup>Zip</sup> 02886	<sup>City</sup> Warwick	State RI	<sup>Zio</sup> 2886				
dresses)		Check the box to indicate an attachment						
son		Director Name Glen M. Robinson						
enue		Street Address 145 Ingersoll Avenue						
State RI	<sup>Zıp</sup> 02886	City Warwick	State RI	ζ <sub>Ψ</sub> 02886				
	<del>-</del>	Director Name	·	•				
<del></del>		Street Address	<del></del>					

Stree: Address 145 Ingersoll Avenue			Street Address 145 Ingersoll Avenue						
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City Wa	rwick	State	RI	<sup>Z</sup> i02886		
8 List ALL directors (names	and addresses)				e box to indi	icate an att	achment 🔲		
Director Name Shawn T. Robinson			Director Name Glen M. Robinson						
Street Address 145 Ingers	Street Address 145 Ingersoll Avenue								
<sup>City</sup> Warwick	State RI	<sup>Zıp</sup> 02886	City Warwick		State	RI	<sup>Z<sub>II</sub>0</sup> 02886		
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	•	Zio		
9. Shares Authorized	<u> </u>	10. Shares Issu	10. Shares Issued Check th		ne box to ind	e box to indicate an attachment			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF				PAR VALUE			
		100		Common		No Par			
							_		
11. This report must be executive or trustee, this report					orporation is	in the hand	ds of a re-		
Under penalty of perjury, I statements, and that all st	declare and affirm ti	hat I have examine	ed this repor		companying	g schedule	s and		
Name of Authorized Representative					Date				
Shawn T. Robinson						4/29	124		
Signature of Authorized Rep	oresentative um T. Reli	matin							
MAIL TO:									

**Division of Business Services** 

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

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