



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D 11:05 AM
 27 MAY 2024 10:16:09
 STAMP
 FOR
 SECRETARY OF STATE
 USE ONLY

1 Entity ID Number 1662125		2 Exact name of the Corporation Perfect Construction Inc	
3 Principal Office Address 483 Woodland Road		City Woonsocket	State RI
		Zip 02895	
4 NAICS Code 236000	6. Brief description of the character of business conducted in Rhode Island Construction, maintenance and repair		
5. State of Incorporation Rhode Island			
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Ledesma		Vice-President Name	
Street Address 483 Woodland Road		Street Address	
City Woonsocket	State RI	Zip 02895	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	Zip	
Director Name		Director Name	
Street Address		Street Address	
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	
		0	0
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 William Ledesma			Date 5/17/24
Signature of Authorized Representative <i>William Ledesma</i>			FILED

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

MAY 20 2024
 BY 952F2 3:18
 ML