

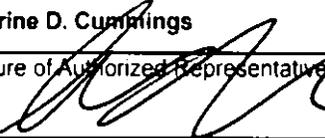


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
JUL 12 2024
BY _____

1. Entry ID Number 507983		2. Exact name of the Corporation Construction Advisory Team, Inc.			
3. Principal Office Address 530 Broadway		City Pawtucket		State RI	Zip 02860
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Project Management and Labor Coordinator			
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 Catherine D. Cummings			Vice-President Name Kevin Cummings		
Street Address 530 Broadway			Street Address 530 Broadway		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Catherine D. Cummings			Treasurer Name Catherine D. Cummings		
Street Address 530 Broadway			Street Address 530 Broadway		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Catherine D. Cummings			Director Name		
Street Address 530 Broadway			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
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/FRS
			1,000	COMMON	NO PAR
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 Catherine D. Cummings				Date 7/10/24	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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