



State of Rhode Island
Department of State - Business Services Division

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CORPORATIONS STAMP

2024 JUL 15 PM 1:25^{PM} OF STATE
USE ONLY

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.

1. Entity ID Number 001666503		2. Exact name of the Corporation North American Dismantling Corp.			
3. Principal Office Address PO Box 307			City Lapeer	State MI	Zip 48446
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island General Contractor Specializing in Demolition and Site Preparation			
5. State of Incorporation MI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rick Marcicki			Vice-President Name Kimberly Marcicki		
Street Address 384 Lake Nepessing Road			Street Address 384 Lake Nepessing Road		
City Lapeer	State MI	Zip 48446	City Lapeer	State MI	Zip 48446
Secretary Name Collin Marcicki			Treasurer Name Rick Marcicki		
Street Address PO Box 301			Street Address PO Box 307		
City Lapeer	State MI	Zip 48446	City Lapeer	State MI	Zip 48446
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rick Marcicki			Director Name		
Street Address PO Box 307			Street Address		
City Lapeer	State MI	Zip 48446	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/SERIES	
		1,000		Common	
				PAR VALUE	
				\$1.00	
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 Dennis W. Strelchuk				Date 7-11-2024	
Signature of Authorized Representative 				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

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