



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.

STAMP

FOR
SECRETARY'S USE ONLY

REC'D RIDOS BSD
24 JUL 30 PM 2:30:15

1. Entity ID Number 001675646		2. Exact name of the Corporation TruexCullins, Inc.			
3. Principal Office Address 209 Battery Street			City Burlington	State VT	Zip 05401
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Architectural and Interior Design Services			
5. State of Incorporation Vermont					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Epstein			Vice-President Name Matthew Bushey		
Street Address 209 Battery St			Street Address 209 Battery St		
City Burlington	State VT	Zip 05401	City Burlington	State VT	Zip 05401
Secretary Name Keith Nelson			Treasurer Name Keith Nelson		
Street Address 209 Battery St			Street Address 209 Battery St		
City Burlington	State VT	Zip 05401	City Burlington	State VT	Zip 05401
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Epstein			Director Name Matthew Bushey		
Street Address 209 Battery St			Street Address 209 Battery St		
City Burlington	State VT	Zip 05401	City Burlington	State VT	Zip 05401
Director Name Keith Nelson			Director Name Marc DeSmet		
Street Address 209 Battery St			Street Address 209 Battery St		
City Burlington	State VT	Zip 05401	City Burlington	State VT	Zip 05401
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			160.3	A	1.00
			24.1	B	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 Matthew Bushey					Date 7/30/2024
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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