




State of Rhode Island
Department of State - Business Services Division

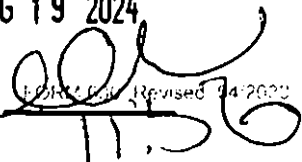
Annual Report for the year: 2024
Corporation _____

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

RECEIVED
SECRETARY OF
CORPORATIONS
AMENDED
2024 AUG 19 AM 11:56

1. Entry ID Number 154562		2. Exact name of the Corporation P. Mandarin Construction & Development Group, Inc.			
3. Principal Office Address 51 Shun Pike		City Scituate		State RI	Zip 02857
4. NAICS Code 278220		6. Brief description of the character of business conducted in Rhode Island Construction and Development			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Mandarin			Vice-President Name Paul Mandarin		
Street Address 51 Shun Pike			Street Address 51 Shun Pike		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Paul Mandarin			Treasurer Name Paul Mandarin		
Street Address 51 Shun Pike			Street Address 51 Shun Pike		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10 Shares Issued <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	
		100	Common	.01	
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 Paul Mandarin				Date 8/14/24	
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

AUG 19 2024
BY 
Revised 14-2020