

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

DEC 23 2024
10083 DV

1. Entity ID Number 000830971		2. Exact name of the Corporation WEEKES CONSTRUCTION, INC.				
3. Principal Office Address P. O. BOX 17977			City GREENVILLE	State SC	Zip 29606	
4. NAICS Code 236200		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION				
5. State of Incorporation SC						
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name CHANDLER WEEKES			Vice-President Name HUNTER B WEEKES			
Street Address 228 BYRD BLVD			Street Address 5 LONGTAIL COURT			
City GREENVILLE	State SC	Zip 29605	City GREENVILLE	State SC	Zip 29607	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	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	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		PAR VALUE
		7328		COMMON		
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					Date 12/16/2024	
Signature of Authorized Representative CHANDLER WEEKES						

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