



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.

FILED

FEB 12 2025

BY **25003**

1. Entity ID Number 125425		2. Exact name of the Corporation East Side Construction, Inc.	
3. Principal Office Address 21 Dexter Road		City East Providence	State RI
4. NAICS Code 231110		Zip 02914	
5. State of Incorporation Rhode Island		6. Brief description of the character of business conducted in Rhode Island General construction all other lawful purposes.	
7. List ALL officers (names and addresses)			
President Name Jennifer N. Voll		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address 21 Dexter Road		Vice-President Name Christopher J. Voll	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name Christopher J. Voll		Treasurer Name Christopher J. Voll	
Street Address 21 Dexter Road		Street Address 21 Dexter Road	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses)			
Director Name n/a		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 225		CLASS/SERIES common	
		PAR VALUE no par value	
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 Jennifer N. Voll, President			Date 2/3/25
Signature of Authorized Representative 			