



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<br>125425                                                                                                                                                                                                                     |             | 2. Exact name of the Corporation<br>East Side Construction, Inc.                                                               |                |
| 3. Principal Office Address<br>21 Dexter Road                                                                                                                                                                                                     |             | City<br>East Providence                                                                                                        | State<br>RI    |
| 4. NAICS Code<br>231110                                                                                                                                                                                                                           |             | Zip<br>02914                                                                                                                   |                |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                         |             | 6. Brief description of the character of business conducted in Rhode Island<br>General construction all other lawful purposes. |                |
| 7. List ALL officers (names and addresses)                                                                                                                                                                                                        |             |                                                                                                                                |                |
| President Name<br>Jennifer N. Voll                                                                                                                                                                                                                |             | Check the box to indicate an attachment <input type="checkbox"/>                                                               |                |
| Street Address<br>21 Dexter Road                                                                                                                                                                                                                  |             | Vice-President Name<br>Christopher J. Voll                                                                                     |                |
| City<br>East Providence                                                                                                                                                                                                                           | State<br>RI | Street Address<br>21 Dexter Road                                                                                               | Zip<br>02914   |
| Secretary Name<br>Christopher J. Voll                                                                                                                                                                                                             |             | Treasurer Name<br>Christopher J. Voll                                                                                          |                |
| Street Address<br>21 Dexter Road                                                                                                                                                                                                                  |             | Street Address<br>21 Dexter Road                                                                                               |                |
| City<br>East Providence                                                                                                                                                                                                                           | State<br>RI | City<br>East Providence                                                                                                        | State<br>RI    |
| Zip<br>02914                                                                                                                                                                                                                                      |             | Zip<br>02914                                                                                                                   |                |
| 8. List ALL directors (names and addresses)                                                                                                                                                                                                       |             |                                                                                                                                |                |
| Director Name<br>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                                                                                                                                                                                                                                 |             |                                                                                                                                |                |
| NUMBER OF SHARES<br>225                                                                                                                                                                                                                           |             | Check the box to indicate an attachment <input type="checkbox"/>                                                               |                |
| CLASS/SERIES<br>common                                                                                                                                                                                                                            |             | PAR VALUE<br>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<br>Jennifer N. Voll, President                                                                                                                                                                                  |             |                                                                                                                                | Date<br>2/3/25 |
| Signature of Authorized Representative                                                                                                                                                                                                            |             |                                                                                                                                |                |