RI SOS Filing Number: 202565134750 Date: 2/11/2025 4:00:00 PM

State of Rhode Isla Department of	_{and} of State - Busin	ess Services	Division		······································	الاست. 	
Annual Report for the Corporation	_ <u>_</u>			STAIMP 1 2025 0			
→ Filing period: Februa→ Filing Fee: \$50.00→ Penalty: Additional \$2	•	ot filed by May 31.				2822	
1. Entity ID Number 63217		2. Exact name of the Corporation W.F. SHEA & COMPANY, INC.					
3. Principal Office Address 405 Kilvert Street, Unit B			City Warwick		State RI	Z _{ip} 02886	
4. NAICS Code 238230 5. State of Incorporation Rhode Island	6. Brief descr Paint con	nption of the charac stractor	ter of business	conducted in Rhode	e Island		
7. List ALL officers (names a	and addresses)			Chec	ck the box to	indicate an attachment	
President Name Kyle Nystrom Shea			Vice-President Name				
Street Address 195 Cook Hill Road			Street Address				
^{City} Danielson	State CT	^{Zip} 06239	City		State	Zip	
Secretary Name			Treasurer Nar	ne	<u> </u>		
Street Address			Street Addres	s			
City	State	Zip	City		State	Zıp	
8. List ALL directors (names	and addresses)			Chec	ck the box to	indicate an attachment [
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address							
			Street Address	<u> </u>		,	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issi	ued	Chec	k the box to i	ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	Common		No Par	
		200					
11. This report must be executrustee this report must be e	uted on behalf of the	Corneration by an a	uthorized conces	omtotura If the			
The state of the s	ACCULED OF DETAIL OF	ine comoranon ny t	DO COCONIDE AT 12	110100			
Under penalty of perjury, I statements, and that all sta	itements comannen.	ial i nave examine <u>herein are true</u> and	ea this report, ii <u>d correct.</u>	ncluding any acco	mpanying s	chedules and	
Name of Authorized Represe Kyle N. Shea		Date 2/5/2025					
Signature of Authorized Repr	esentative			<u> </u>	1 2) 40 LS	
MA							
IAIL TO:						· · · · · · · · · · · · · · · · · · ·	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov