RI SOS Filing Number: 202565645940 Date: 2/18/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FIELD

Annual	Report	for the	year:	202
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Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fe	e if form is not file	ed by May 31.								
Entity ID Number	2. Exact name of the Corporation									
72154	W.H. Peppes General Contractor, Inc.									
Principal Office Address	ddress			City			Zip			
1100 Smithfield Avenue			Lincoln	coln			02865			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island									
Construction	Construction Services									
5. State of Incorporation										
Rhode Island										
7. List ALL officers (names and add	Check the box to indicate an attachment									
President Name William H. Peppes				Vice-President Name Same						
Street Address 1100 Smithfield Avenue				Street Address						
City Lincoln	State RI	^{Zip} 02865	City State				Zip			
Secretary Name Same			Treasurer Name Same							
Street Address			Street Address							
City	State	Zip	City		State	_	Zip			
8. List ALL directors (names and ad	ldresses)	<u> </u>	. 	Check t	he box to indi	cate an att	achment			
Director Name Same			Director Name Same							
Street Address			Street Address							
City	State	Zip	City		State		Zip			
Director Name	<u></u>	Director Name								
Street Address	Street Address									
City	State	Zip	City		State		Zip			
9. Shares Authorized	<u> </u>	10. Shares Issue	d.	Check :	l the box to ind	icate an at	lachment 🗆			
This information is currently of recor	d in the	NUMBER OF SI		CLASS/		ioate air at	PAR VALUE			
Department of State.		400		s/k		0.00				
Changes require an additional fillng.						<u> </u>				
11. This report must be executed or ceiver or trustee, this report must b					corporation is	in the hand	is of a re-			
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that	I have examined	this repor		ccompanying	g schedule	s and			
Name of Authorized Representative		Date								
William H. Peppes				2/12/2025						
Signature of Authorized Representa	ative /	7,			•					
UVA	7 / (1	70								

MAIL TO:

Division of Business Services

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

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