RI SOS Filing Number: 202565372710 Date: 2/18/2025 12:52:00 PM

Annual

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 \$2	•	fee if form is not filed by May 31.						
1. Entity ID Number 001684209	2. Exact name	e of the Corporation Struction &		mproveme	ent INC.			
3. Principal Office Address		City			State	Zip		
4 Moulton St			Lakev		Ma	023	347	
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island						
238116	Commerc	ial and Reside	ential build	ding and Re	modeling			
5. State of Incorporation Massachusetts								
	ad addresses)	· · · · · · · · · · · · · · · · · · ·		Ch		-to on ottobar	~~~	
7. List ALL officers (names a President Name			Vice-Presi	ident Name	eck the box to indic	ate an attachme	:Nt 🗀	
Street Address	Mark J Silvia			Vice-President Name Same				
4 Moulton	St		Street Add	ress				
City Lakeville	State Ma	^{Zip} 02347	City		State	Zip		
Secretary Name Same	ecretary Name Same			Treasurer Name Same				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)				eck the box to indic	ate an attachme	ent 🔲	
Director Name Same			Director N	Same				
Street Address	······	,	Street Add					
City	State	Žip	City		State	Zip		
Director Name		-	Director N	lame				
Street Address				Street Address				
City	State	Zip	City	City		Zip		
9. Shares Authorized	<u>l</u>	10. Shares Issu	ued	Ch	leck the box to indi	cate an attachm	ent 🗀	
This information is currently of Department of State.	of record in the	NUMBER OF	SHARES	SHARES CLASS/S				
Changes require an additional	t filing.	100%		A		0.00		
11. This report must be exec	uted on hehalf of the	comoration by an a	uthorized re	presentative If	the compration is	n the hands of a	re.	
ceiver or trustee, this report i	must be executed on	behalf of the corpor	ration by the	receiver or trus	stee.			
Under penalty of perjury, I statements, and that all sta				rt, including a	ny accompanying	schedules and	1	
Name of Authorized Represe					Date	Date		
Mark J Silvia					2/12	2/12/2025		
Signature of Authorized Rep	resentative/			FILED				
- MI WU	<u> </u>	_		PFR 1 8 20	25			

MAIL TO Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov 12:52 BY MI 1618