



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

MAR 04 2025

BY 1979

1. Entity ID Number 501519		2. Exact name of the Corporation J.J. Vaccaro, Inc.		
3. Principal Office Address 38 Union Square		City Somerville	State MA	Zip 02143
4. NAICS Code 238190	6. Brief description of the character of business conducted in Rhode Island General contracting and construction managers.			
5. State of Incorporation MA				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Michael Kennedy		Vice-President Name Brian M. Mount		
Street Address 1 Russet Lane		Street Address 144 Fensview Drive		
City Melrose	State MA	Zip 02176	City Westwood	State MA
Secretary Name Brian M. Mount		Treasurer Name Brian M. Mount		
Street Address 144 Fensview Drive		Street Address 144 Fensview Drive		
City Westwood	State MA	Zip 02909	City Westwood	State MA
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Michael Kennedy		Director Name Brian M. Mount		
Street Address 1 Russet Lane		Street Address 144 Fensview Drive		
City Melrose	State MA	Zip 02176	City Westwood	State MA
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized				
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		0	Common	\$0.01
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 Brian M. Mount				Date 2/20/2025
Signature of Authorized Representative <i>Brian M. Mount</i>				

MAIL TO:
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