RI SOS Filing Number: 202567725640 Date: 3/19/2025 4:00:00 PM

State of Rhode Isla	olond				FILED		
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.					MAR 19:2025 BY		
Penalty Additional \$25.0  1. Entity ID Number	2. Exact name	of the Corporation					
000136098	M.R.K C	ONSTRUCT	ION, INC	<u> </u>			
3. Principal Office Address 74 GREGORY DRIVE			SEEK		State RI	02771	
4. NAICS Code 238900 5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND LANDSCAPING CONTRACTING					
7 List ALL officers (names and	addresses)		17 5	Check the b	ox to indica	ate an attachment 🗆	
President Name JEFFREY S	Vice-President Name LINDA SEYBOTH						
Street Address 74 GREGOF	Street Address 74 GREGORY DRIVE						
City SEEKONK	State RI	<sup>Z<sub>1P</sub></sup> 02771	City SEEKONK		State F	Zip 02771	
Secretary Name JEFFREY S	SEYBOTH		Treasurer	Name LINDA SEYB	BOTH		
Street Address 74 GREGORY DRIVE			Street Address 74 GREGORY DRIVE				
City SEEKONK	State RI	<sup>Zıp</sup> 02771	City SEEKONK		State R	02/	
8. List ALL directors (names ar	nd addresses)		Director N	2000		ate an attachment 🔲	
Director Name JEFFREY S	EYBOTH			LINDA SEYBO	OTH		
Street Address 74 GREGORY DRIVE			Street Address 74 GREGORY DRIVE				
<sup>City</sup> SEEKONK	State RI	<sup>Zip</sup> 02771	City SEEKONK		State R	RI 02771	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Shares Authorized		10. Shares Iss		Check the		cate an attachment PAR VALUE	
This information is currently of record in the Department of State.  Changes require an additional filing.		600	F SHARES	COMMON	0		
		-					
11. This report must be execut	ted on behalf of the	corporation by an a	authorized re	presentative. If the com	poration is i	n the hands of a re-	
ceiver or trustee, this report m Under penalty of perjury, I d	leclare and affirm	that I have examin	ed this repo	ort, including any acco	mpanying	schedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  JEFFREY SEYBOTH					Date - 31/5/25		
Signature of Authorized Repre	esentative	<del></del>	<del> </del>	<del></del>			
MAIL TO:			<u> </u>				

Division of Business Services

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

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