

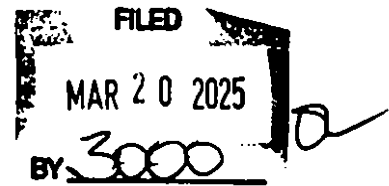


State of Rhode Island  
Department of State - Business Services Division

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.



1. Entity ID Number <b>001685509</b>		2. Exact name of the Corporation <b>J.A. Larkin Company of Craftsmen, Inc.</b>												
3. Principal Office Address <b>14 North Broad Street</b>			City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>									
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>Remodeling; All lawful business.</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Joseph A. Larkin</b>			Vice-President Name											
Street Address <b>14 North Broad Street</b>			Street Address											
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	City	State	Zip									
Secretary Name <b>Anne F. DiOrio</b>			Treasurer Name <b>Anne F. DiOrio</b>											
Street Address <b>14 North Broad Street</b>			Street Address <b>14 North Broad Street</b>											
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Joseph A. Larkin</b>			Director Name <b>Anne F. DiOrio</b>											
Street Address <b>14 North Broad Street</b>			Street Address <b>14 North Broad Street</b>											
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>C: ASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>600</b></td> <td><b>CNP</b></td> <td><b>0.0000</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	C: ASS/SERIES	PAR VALUE	<b>600</b>	<b>CNP</b>	<b>0.0000</b>			
		NUMBER OF SHARES	C: ASS/SERIES	PAR VALUE										
<b>600</b>	<b>CNP</b>	<b>0.0000</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Joseph A. Larkin, President</b>					Date <b>3.18.2025</b>									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)