



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 24 2025

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.

CBN

BY 432

1. Entity ID Number 000073238		2. Exact name of the Corporation R.J. MANSOUR, INC.	
3. Principal Office Address One Magnolia Street		City Providence	State RI
		Zip 02909	
4. NAICS Code 332721	6. Brief description of the character of business conducted in Rhode Island Sm. Machine Job Shop.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Mansour		Vice-President Name JoAnne Mansour	
Street Address 87 North Hull Street		Street Address 87 North Hull Street	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		500 No Par Value No Par Val.	
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 Robert Mansour			Date 2/7/2025
Signature of Authorized Representative			