



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 24 2025

Annual Report for the year: 2025
Corporation

(CB)

BY 18043

- 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 <u>000542181</u>		2. Exact name of the Corporation <u>Bronson Construction, INC</u>	
3. Principal Office Address <u>129 Beach Pond Road</u>		City <u>Voluntown</u>	State <u>CT</u>
Zip <u>06384</u>		6. Brief description of the character of business conducted in Rhode Island <u>Home Improvement Contractor, Pools and Spas</u>	
4. NAICS Code <u>238990</u>		5. State of Incorporation <u>CT</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Calvin J. Bronson</u>		Vice-President Name <u>Joan Bronson</u>	
Street Address <u>157 Beach Pond Road</u>		Street Address <u>157 Beach Pond Rd.</u>	
City <u>Voluntown</u>	State <u>CT</u>	Zip <u>06384</u>	City <u>Voluntown</u>
Secretary Name <u>Joan Bronson</u>		Treasurer Name <u>Calvin Bronson</u>	
Street Address <u>157 Beach Pond Road</u>		Street Address <u>157 Beach Pond Road</u>	
City <u>Voluntown</u>	State <u>CT</u>	Zip <u>06384</u>	City <u>Voluntown</u>
State <u>CT</u>		Zip <u>06384</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
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 <u>Calvin J. Bronson</u>		Date <u>3/18/2025</u>	
Signature of Authorized Representative <u>Calvin J. Bronson</u>			

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