RI SOS Filing Number: 202568390180 Date: 3/26/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

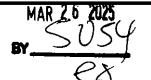
Annual Report for the year: Corporation -	2025			DO CO ENTER OF STATE CONTROL ONLY CONTROL			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				99 89 99 89 99 89 89 89 89 89 89 89 89 89 89 89 89 8			
1. Entity ID Numbe 000968649	2. Exact i	name of the Corpor posite Company Inc.					
Principal Office Address 19 Kendall Avenue			City Sherb a r	m	State MA	Zip 01770	
NAICS Code 238190 State of Incorporation		escription of the change & Steel Erection	aracter of busin	ess conducted in	n Rhode Island	· ·	
MA							
7. List ALL officers (names and ac	ldresses)				ck the box to indicate a	n attachment 🗖	
President Name Therese C. Geoghegan				Vice-President Name Gary L. Hawkins			
Street Address 19 Kendall Avenue				Street Address 19 Kendall Avenue			
City Sherburn	State MA	Zip 01770	City Sherbum	City Sherbum		Zip 01770	
Secretary Name Gary L. Hawkins				Treasurer Name Therese C. Geoghegan			
Street Address 19 Kendall Avenue			1	Street Address 19 Kendall Avenue			
City Sherburn	State MA	Zip 01770	City Sherburn	1	State MA	Zip 01770	
8. List ALL directors (names and a	ddresses)	<u> </u>		Chec	ck the box to indicate a	n attachment 🔲	
Director Name			Director N	ame			
Street Address			Street Add	ress		-	
City	State	Zip	City	City		Zip	
Director Name			Director N	Director Name			
Street Address				Street Address			
City	State	Zīp	City		State	Zip	
9. Shares Authorized	1	10. Shares	ssued	Che	ck the box to indicate a	an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		SS/SERIES	PAR VALUE	
		100		Common	no pa	r value	
Changes require an additional filing	 .						
11. This report must be executed ceiver or trustee, this report must	on behalf of th	e corporation by an	n authorized reporation by the	resentative. If the receiver or truste	e corporation is in the e.	hands of a re-	
Under penalty of perjury, I declar statements, and that all stateme	are and affirm	that I have exami	ned this repor			dules and	
Name of Authorized Representative					Date		
Therese C. Geoghegan					2/25/	2/25/25	
Signature of Authorized Represent	lative			FILED			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040



Website: www.sos.ri.gov

FORM 630- Revised. 12/2023