State of Rhode Island
Department of State - Business Services Division

FILED
APR 02 2025
BY 6117

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	2. Exact name of the Corporation		
000088527	MEEHAN BUILDERS INC		
3. Principal Office Address	City	State	Zip
1 THURBER BLVD STE D	SMITHFIELD	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
	REAL ESTATE		
5. State of Incorporation			
R.I.			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MARY LOU FERRI			Vice-President Name: MARY LOU FERRI		
Street Address: 35 ST JAMES LANE			Street Address: 35 ST JAMES LANE		
City: NO SCITUATE	State: RI	Zip: 02857	City: NO SCITUATE	State: RI	Zip: 02857
Secretary Name: MARY LOU FERRI			Treasurer Name: MARY LOU FERRI		
Street Address: 35 ST JAMES LANE			Street Address: 35 ST JAMES LANE		
City: NO SCITUATE	State: RI	Zip: 02857	City: NO SCITUATE	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MARY LOU FERRI			Director Name:		
Street Address: 35 ST JAMES LANE			Street Address:		
City: NO SCITUATE	State: RI	Zip: 02857	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	CNP	$0
Changes require an additional filing.			

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	Date
JOSEPH CALABRO CPA	3/30/25

Signature of Authorized Representative: Joseph Calabro

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: 2/2023