



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.

FILED

APR 03 2025

BY

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1. Entity ID Number 505942		2. Exact name of the Corporation Construction & Rehabilitation, Inc.												
3. Principal Office Address PO Box 545			City Saunderstown	State RI	Zip 02825									
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Housing construction												
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 Carol A. O'Donnell			Vice-President Name Carol A. O'Donnell											
Street Address PO Box 545			Street Address PO Box 545											
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874									
Secretary Name Carol A. O'Donnell			Treasurer Name Carol A. O'Donnell											
Street Address PO Box 545			Street Address PO Box 545											
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874									
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	Zip	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 <input type="checkbox"/>												
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>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	Common	\$.01												
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 Carol A. O'Donnell					Date 3-10-25									
Signature of Authorized Representative <i>Carol A. O'Donnell</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov