RI SOS Filing Number: 202569013330 Date: 4/3/2025 2:13:00 PM 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. 1. Entity ID Number 2. Exact name of the Corporation TRI-TOWN CONSTRUCTION CO., INC. 000060767 City State 3. Principal Office Address Zin 02881 Kingston RI 10 White Horn Drive 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 531390 Subdivision and Development of Real Estate State of Incorporation Rhode Island Check the box to indicate an attachment 7. List ALL officers (names and addresses) Vice-President Name Joan G. Lawson President Name Edward R. Lawson Street Address 10 White Horn Drive Street Address 10 White Horn Drive ^{Zip} 02881 **Kingston** RI RI **Kingston** 02881 Treasurer Name Joan G. Lawson Secretary Name Joan G. Lawson Street Address 10 White Horn Drive Street Address 10 White horn Drive ^{Zip} 02881 City Kingston City Kingston State ^{Zip} 02881 RI RI Check the box to indicate an attachment 8. List ALL directors (names and addresses) Director Name Director Name Street Address Street Address State Zip City State Zip Director Name Director Name Street Address Street Address City State City Zip Check the box to indicate an attachment 9. Shares Authorized 10. Shares Issued NUMBER OF SHARES CLASS/SERIES PAR VALUE This information is currently of record in the Department of State. 100 No Par Common 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 04/02/2025 Joseph H. Scott Signature of Authorized Representative

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 0 3 2025 2:13

FORM 630- Revised, 12/2023