



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.

REC'D RIDOS BSD  
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1. Entity ID Number 000060767		2. Exact name of the Corporation TRI-TOWN CONSTRUCTION CO., INC.			
3. Principal Office Address 10 White Horn Drive		City Kingston		State RI	Zip 02881
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Subdivision and Development of Real Estate				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Edward R. Lawson			Vice-President Name Joan G. Lawson		
Street Address 10 White Horn Drive			Street Address 10 White Horn Drive		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Joan G. Lawson			Treasurer Name Joan G. Lawson		
Street Address 10 White Horn Drive			Street Address 10 White horn Drive		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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. <b>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.</b>					
Name of Authorized Representative Joseph H. Scott				Date 04/02/2025	
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](http://www.sos.ri.gov)

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BY JAPER

FORM 630- Revised 12/2023