State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 10 2025
BY 20989

1. Entity ID Number	2. Exact name of the Corporation
001720737	Red Star Construction Services, Inc.

3. Principal Office Address	City	State	Zip
313 Washington Street, Suite 261	Newton	MA	02458

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238900	Interior commercial construction
5. State of Incorporation	
MA	

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

President Name: Paul Campbell			Vice-President Name: Paul Campbell		
Street Address: 313 Washington Street, Suite 261			Street Address: 313 Washington Street, Suite 261		
City: Newton	State: MA	Zip: 02458	City: Newton	State: MA	Zip: 02458
Secretary Name: Paul Campbell			Treasurer Name: Paul Campbell		
Street Address: 313 Washington Street, Suite 261			Street Address: 313 Washington Street, Suite 261		
City: Newton	State: MA	Zip: 02458	City: Newton	State: MA	Zip: 02458

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

Director Name: Paul Campbell			Director Name: NONE		
Street Address: 313 Washington Street, Suite 261			Street Address:		
City: Newton	State: MA	Zip: 02458	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS SERIES	PAR VALUE
200,000	Common	-0-

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
Paul Campbell	4/8/25

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

FORM 630- Revised. 12/2023