



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF
BUS. SERVICES
2025 APR 11

1. Entity ID Number <u>000125872</u>		2. Exact name of the Corporation <u>Construction + Telecommunication Services, INC.</u>	
3. Principal Office Address <u>125 Liberty St. Ste 102</u>		City <u>Danvers</u>	State <u>MA</u>
4. NAICS Code <u>236220</u>		6. Brief description of the character of business conducted in Rhode Island <u>General Contractor</u>	
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Philip Russo</u>		Vice President Name <u>Paul E Marchant</u>	
Street Address <u>1200 Salem St Unit 167</u>		Street Address <u>858 Boston Rd</u>	
City <u>Lynnfield</u>	State <u>MA</u>	City <u>Billerica</u>	State <u>MA</u>
Zip <u>01940</u>		Zip <u>01821</u>	
Secretary Name <u>Paul E Marchant</u>		Treasurer Name <u>Philip Russo</u>	
Street Address <u>858 Boston Rd</u>		Street Address <u>1200 Salem St Unit 167</u>	
City <u>Billerica</u>	State <u>MA</u>	City <u>Lynnfield</u>	State <u>MA</u>
Zip <u>01821</u>		Zip <u>01940</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>2000</u>	<u>CNP</u>
			<u>0</u>
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 <u>Philip Russo</u>		Date <u>4-8-25</u>	
Signature of Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY NEM3K

FORM 630- Revised 12/2023