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State of Rhode Island
Department of State - Business Services Division

FILED
MAY 02 2025
BY

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BUS SVCS DIV
2025 MAY -2 P 3:37

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		
001682572	Henry M. Osowiecki & Sons, Inc.		
3. Principal Office Address	City	State	Zip
48 Clay Street	Thomaston	CT	06787
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236118	To own and operate a construction company and do all things incidental thereto.		
5. State of Incorporation			
RI			

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

President Name Caroline R. Osowiecki			Vice-President Name Same as Secretary		
Street Address 48 Clay Street			Street Address		
City Thomaston	State CT	Zip 06787	City	State	Zip
Secretary Name Henry M. Osowiecki			Treasurer Name Same as Vice President		
Street Address 48 Clay Street			Street Address		
City Thomaston	State CT	Zip 06787	City	State	Zip

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

Director Name Caroline R. Osowiecki			Director Name Anthony R. Lauretano		
Street Address 48 Clay Street			Street Address 157 Thomaston Road		
City Thomaston	State CT	Zip 06787	City Morris	State CT	Zip 06763
Director Name Henry M. Osowiecki			Director Name		
Street Address 48 Clay Street			Street Address		
City Thomaston	State CT	Zip 06787	City	State	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		$100,000.00

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
Caroline R. Osowiecki, President	Apr. 25, 2025

Signature of Authorized Representative
Caroline R. Osowiecki, President

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