



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.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV.
2025 MAY -2 P 3:40

1. Entity ID Number 2333		2. Exact name of the Corporation R. A. BERNARD ENTERPRISES, INC.			
3. Principal Office Address 429 Tiogue Avenue		City Coventry		State RI	Zip 02816
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Building, construction and sale of real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Virginia A. Bernard			Vice-President Name Richard Bernard, Jr.		
Street Address 429 Tiogue Avenue			Street Address 32 Highland Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Susanne Suprock			Treasurer Name Virginia A. Bernard		
Street Address 14 Michaela Court			Street Address 429 Tiogue Avenue		
City South Kingstown	State RI	Zip 02892	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Virginia A. Bernard			Director Name		
Street Address 429 Tiogue Avenue			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
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 100	CLASS/SERIES Common	PAR VALUE no par value
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 Virginia A. Bernard <i>V</i>					Date 4/15/25
Signature of Authorized Representative <i>Virginia A. Bernard</i>					

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

MAY 02 2025

BY **36230**

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FORM 630 Revised 12/2023