RI SOS Filing Number: 202573314250 Date: 5/19/2025 2:41:00 PM

State of Rhode Island						ر 1000ء
Department of State - Business Services Division						HC HC
Annual Report for the year: 2025						・ マロ ハオ
Corporation						RIDOS 20 FH2
→ Filing period: February 1 - May 1						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.						
Totally: Totalloria, Value of Maria (Maria)						
1. Entity ID Number 2. Exact name of the Corporation						
00/083946 Shine Construction, Inc. 3. Principal Office Address City State Zip						
P.O. Box 52	\neg		N. I.A.	xbridge	MA	, i
4. NAICS Code		on of the character	1	s conducted in Rhode Is		61538
423330 work on residential and commercial						
5. State of Incorporation						
Ma rufs, Siding, and Gutters.						
7. List ALL officers (names and add	lresses)	<u> </u>		Check the bo	x to indicate ai	n attachment 🔲
President Name			Vice-President Name			
Manuel J. Cunin Street Address			Street Address			
P.O. Box 522			City State Zip			
N. Uxbridge	State MA				State	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
10			10:44			
City	State	Zip	City		State	Z _{IP}
8. List ALL directors (names and addresses) Check the box to indicate an attachment						
Director Name			Director Name			
Street Address			Street Address CO			
oned Address			Δ (Δ) (Δ			
City	State	Zip	City		State -C	Zip
Director Name	J	<u> </u>	Director Na	ime	' \	•
Street Address			Street Address			
			Sirect/Addiess			
City	State	Zip	City		State	Zìp
9. Shares Authorized	1	10. Shares Issue	d d	Check the bo	ox to indicate a	in attachment
This information is currently of reco	rd In the	NUMBER OF \$	ARES	CLASS/SERIES		PAR VALUE
Department of State.		235,00	n 00	CNP	\$ 6). 000D
Changes require an additional filing.		Z. 1-100			1	, .
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-						
ceiver 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						
Manuel J Cunin 5/19/25						
Signature of Authorized Representative						
Month Turin						
Division of Business Services 148 W. River Street Providence Phode Island 02004-2615						
MAIL/TO: Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 MAY 1 9 2025 T W FORM 620, Revised: 13/2023						
Website: www.sos.ri.gov BYFORM 630- Revised: 12/2023						