



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.

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25 MAY 20 PM 2:35

1. Entity ID Number <u>001683946</u>		2. Exact name of the Corporation <u>Shine Construction, Inc.</u>	
3. Principal Office Address <u>P.O. Box 522</u>		City <u>N. Uxbridge</u>	State <u>MA</u>
4. NAICS Code <u>423330</u>		6. Brief description of the character of business conducted in Rhode Island <u>work on residential and commercial roofs, siding, and gutters.</u>	
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Manuel J. Cunin</u>		Vice-President Name	
Street Address <u>P.O. Box 522</u>		Street Address	
City <u>N. Uxbridge</u>	State <u>MA</u>	Zip <u>01538</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<u>275,000.00</u> <u>CNP</u> <u>\$ 0.0000</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>Manuel J. Cunin</u>		Date <u>5/19/25</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED	

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