RI SOS Filing Number: 202573631140 Date: 5/23/2025 4:00:00 PM

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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2025 MAY 23 P 3:37:21
SECRETARY OF STATE

1. Entity ID Number	2. Exact name of the Corporation		
000147392	EPK Construction Services, Inc.		
3. Principal Office Address	City	State	Zip
49 Cedar Swamp Road, Unit 10	Smithfield	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238990	To provide construction services including but not limited to asphalt paving of residential and commercial properties.		
5. State of Incorporation			
Rhode Island			

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

President Name: Eric T. Jeffrey			Vice-President Name: Trisha Jeffrey		
Street Address: 49 Cedar Swamp Road, Unit 10			Street Address: 49 Cedar Swamp Road, Unit 10		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Trisha Jeffrey			Treasurer Name: Eric T. Jeffrey		
Street Address: 49 Cedar Swamp Road, Unit 10			Street Address: 49 Cedar Swamp Road, Unit 10		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

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

Director Name: Eric T. Jeffrey			Director Name: NONE		
Street Address: 49 Cedar Swamp Road, Unit 10			Street Address:		
City: Smithfield	State: RI	Zip: 02917	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
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	CLASS/SERIES	PAR VALUE
204	Common	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: Trisha Jeffrey, Vice President

Date: 2/28/25

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

MAY 23 2025
BY 444

FORM 630- Revised: 12/2023