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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

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Filing Fee: \$50.00					Đ 8:21			
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation								
16361	2. Exact name of the Corporation							
	Peckham Brothers Company							
3. Principal Office Address	City				State	Zip		
220 Paradise Avenue			Middle	town	RI	02842		
4, NAICS Code	6. Brief descript	6. Brief description of the character of business conducted in Rhode Island						
237310	Heavy Construction							
5. State of Incorporation RT								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Robin E. Peck			Vice-President Name					
Street Address 210 Paradise A	Address 210 Paradise Avenue			Street Address				
^{City} Middletown	State RI	^{Z_{IP}} 02842	City		State	Zip		
Secretary Name	Treasu			easurer Name Robin E. Peckham				
Street Address			1	Street Address 210 Paradise Avenue				
City	State	7ip	City Mide	dletown	State R	Zip 02842		
List ALL directors (names and ac	ddresses)				box to indic	ate an attachment 🔲		
Director Name Director Name								
Street Address			Street Addr	Street Address				
City	State	Zıp	City		State	Zip		
Director Name	<u> </u>		Director Na	ime		ı		
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized	10. Shares Issued Check the box to indic			Late an attachment				
This information is currently of reco Department of State.	rd in the	NUMBER OF	SHARES	CLASS/SER	Ī	PAR VALJE		
Department of State.		215		Common		1.00		
Changes require an additional filing.					İ			
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								
Robin E. Peckham					July	July 3 , 2025		
Signature of Authorized Representative FILED 11:580								
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

