

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

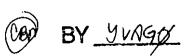
Filing period: February 1 - May 1

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→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					0 1:21			
Entity ID Number	intonal \$23.00 fee it form is not filed by May 31.							
16361		Peckham Brothers Company						
Principal Office Address			City		State	Zip		
220 Paradise Avenue			Middle	etown	RI	02842		
4. NAICS Code	Brief descri	6. Brief description of the character of business conducted in Rhode Island						
237310	Heavy Construction							
5. State of Incorporation								
7. List ALL officers (names and a	ddresses)		T		box to indicate	e an attachment 🔲		
President Name Robin E. Peckham			Vice-President Name					
Street Address 210 Paradise Avenue			Street Address					
^{City} Middletown	State RI	^{Z_{IP}} 02842	City		State	Zıp		
Secretary Name		Treasurer Name Robin E			. Peckham			
Street Address			Street Address 210 Paradise Avenue					
City	State	7 _{IP}	City Mid	dletown	State RI	^{Ζφ} 02842		
8. List ALL directors (names and	addresses)				e box to indicat	e an attachment 🔲		
Director Name			Director Na	ame				
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu	led.	Chack th	e boy to indical	le an attachment 🔲		
This information is currently of rec	ord in the	NUMBER OF		CLASSISE		PAR VALJE		
Department of State.		215		Common	n 1.00			
Changes require an additional filin) g .							
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 3 , 2025				
Signature of Authorized Representative FILED 11:58A								
MAIL TO:				·				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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



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