| * | | | | | | Si _{zo} | | |
|--|----------------------------------|--|-----------------|------------------------------------|-----------------|------------------|---|--|
| State of Rhode Island Department of State - Business Services Division | | | | | | C'D RIDO | | |
| Annual Report for the year: Corporation → Filing period: February 1 - | May 1 | | | | : | 11:53:03 | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f | fee if form is not | filed by May 31. | | | | | _ | |
| 1. Entity ID Number | 2. Exact name of the Corporation | | | | | | | |
| 16361 | Peckham | Brothers C | | | | | | |
| 3. Principal Office Address | | | City | | State | Zıp | | |
| 220 Paradise Avenue | | | Middle | town | RI | 02842 | 2 | |
| 4. NAICS Code | 6. Brief descrip | tion of the charact | ter of busines | s conducted in Rhode | Island | | | |
| 237310 | Heavy Construction | | | | | | | |
| 5. State of Incorporation | i | | | | | | | |
| 7. List ALL officers (names and add | | Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the box to indicate an attachment Live Business State Check the business State Chec | | | | | | |
| President Name Robin E. Peck | Vice-President Name | | | | | | | |
| Street Address 210 Paradise Avenue | | | Street Address | | | | | |
| ^{City} Middletown | State RI | ^{Zip} 02842 | City | | State | Zıp | | |
| Secretary Name | | | | Robin E. Ped | | | | |
| Street Address | | | Street Addr | Street Address 210 Paradise Avenue | | | | |
| City | State | Zip | City Mide | dletown | State RI | Zip 02842 | 2 | |
| 8. List ALL directors (names and ad | | In | | box to indicat | e an attachment | | | |
| Director Name | | | Director Na | Director Name | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zıp | City | State | | Zıp | | |
| Director Name | • | | Director Na | re | • | • | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | Zıp | | |
| 9. Shares Authorized | <u></u> | 10. Shares Issu | | | | te an attachment | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF | SHARES | CLASS/SER | I | PAR VALUE | | |
| | | 215 | | Common | ommon 1.00 | | | |
| <u> </u> | | | | | | | | |
| This report must be executed o ceiver or trustee, this report must b | be executed on be | ehalf of the corpor | ration by the r | receiver or trustee. | | | | |
| Under penalty of perjury, I declar statements, and that all statements | re and affirm tha | at I have examine | ed this repor | t, including any acco | ompanying se | chedules and | | |
| Name of Authorized Representative | | sitini are true a | u contest. | | Date | | | |
| Robin E. Peckham | | | | | July 3 , 2025 | | | |
| Signature of Authorized Represent | A R R | J | E H | ED 11:54 A | | | | |

MAIL TO:

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

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

